**巴市中医医院人员招聘报名表**

报考岗位：

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| 姓名 | |  | | 性别 | | | |  | | 身份证号 | | |  | | 照片 |
| 出生年月 | |  | | | | | 民族 | |  | | | 健康  情况 | 身高 |  |
| 联系电话 | |  | | | | | 婚姻状况 | |  | | | 视力 |  |
| 家庭住址 | |  | | | | | | | | | | 肢体 |  |
| 籍贯 | |  | | | | 户籍所在地 | | | | | |  | | | |
| 学历学位 | |  | 毕业院校、专业、时间 | | | | | | | | |  | | | |
| 取得执业资格证书及时间 | | | | |  | | | | | | | | | | |
| 学  习  简  历 | 自何年何月 | | | | 至何年何月 | | | | | | 在何地、何学校学习 | | | | 任何职 |
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| （填表说明：从高中学历开始填写） | | | | | | | | | | | | | | |
| 工  作  简  历 | 自何年何月 | | | 至何年何月 | | | | | | | 工作单位及科室 | | | | 工作岗位 |
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| （填表说明：从实习期开始填写） | | | | | | | | | | | | | | |

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| 家  庭  成  员 | 关系 | 姓名 | 工作单位及职务 | 政治面貌 |
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| 获奖  情况 |  | | | |
| 有何  特长 |  | | | |
| 备  注 |  | | | |
| 本人承诺所填内容真实、准确。如有弄虚作假，自动放弃考试和聘用资格。    应聘人签名：    年 月 日 | | | | |

巴市中医医院人事科制表