**广安市中医医院应聘报名表**

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| 姓 名 | |  | | | | 应聘岗位 | | | |  | | 性别 | | |  | | | | 贴照片  （彩照） |
| 出生年月 | |  | | | | 民族 | | | |  | | 籍贯 | | |  | | | |
| 参加工  作时间 | |  | | | | 政治面貌 | | | |  | | 健康状况及身高 | | |  | | | |
| 技术职称及任职时间 | |  | | | | 最高学历  及学位 | | | |  | | 所学专业 | | |  | | | |
| 身份证号 | |  | | | | | | | | 婚否 | |  | | | | | | | |
| 现人事档案存放单位 | |  | | | | | | | | 现居住地址 | |  | | | | | | | |
| 现工作单位及岗位 | |  | | | | | | | | 人员类别(√) | | □在编 □非在编 | | | | | | | |
| 联系方式 | |  | | | | | | | | 电子邮箱 | |  | | | | | | | |
| **专业技能证书** | | 执业证 | | | |  | | | | | | 资格证 | | | |  | | | |
| 其他专业证书 | | | |  | | | | | | | | | | | | | |
| **学**  **习**  **经**  **历** | 入学时间 | | | | 毕业时间 | | 学历/学位 | | | | 毕业学校 | | | | 专业 | | | | 是否全日制 |
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| 填表说明：从初中学历开始填写。 | | | | | | | | | | | | | | | | | | |
| **实习规培进修经历** | 起始时间 | | 结束时间 | | | | | 单位名称 | | | | | 科室 | | | | 主要学习内容 | | |
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| **工**  **作**  **经**  **历** | 入职时间 | | | 离职时间 | | | | | 单位名称 | | | | | 职称 | | | | 主要工作 | |
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| **家庭**  **主要**  **成员** | 关系 | | 姓 名 | 工作单位及职务 | 政治  面貌 |
| 父亲 | |  |  |  |
| 母亲 | |  |  |  |
| 配偶 | |  |  |  |
| 子女 | |  |  |  |
|  | |  |  |  |
| 家庭住址及  联系电话 | | |  | |
| **奖惩情况** | | |  | | |
| **科研成果、**  **获得证书**  **情 况** | | |  | | |
| **特长爱好** | | |  | | |
| **需要说明**  **的 问 题** | | |  | | |
| 本人承诺以上所填写内容全部属实，并愿为内容的真实性负责。  签名：  20 年 月 日 | | | | | |
| 备 注 | |  | | | |