**深圳市卫生健康能力建设和继续教育中心**

**应聘者信息登记表**

**填表日期：**

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| 姓 名 |  | | | | | 性 别 | | |  | | | 出生年月 |  | | | 照片 | |
| 民 族 |  | | | | | 籍 贯 | | |  | | | 身份证号码 |  | | |
| 健康状况 |  | | | | | 婚育状况 | | |  | | | 最高学历 |  | | |
| 户籍地址 |  | | | | | | | | | | | 联系电话 |  | | |
| 家庭地址 |  | | | | | | | | | | | 电子邮箱 |  | | |
| 紧急联系人 |  | | | | | 与本人关系 | | |  | | | 联系电话 |  | | |
| 参加工作时间 | | |  | | | | | | | | 进入单位时间 | | （留空） | | | | |
| **政治面貌** | | | | | | | | | | | | | | | | | |
| 政治面貌 | | | | 参加时间 | | | | 加入单位 | | | | | 介绍人（选填） | | 转正时间 | | |
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| **教育经历**（从高中开始写起） | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | 学校名称 | | | | | | | 专业 | | 学制 | | 学历 | 学位 |
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| **专业技术信息**（职称） | | | | | | | | | | | | | | | | | |
| **技术资格名称** | | | | | | **资格等级** | | | | **取得时间** | | **证书号** | | **发证机关** | | | |
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| **主要工作经历**（从最近一份工作写起，若仍在职可不写离职原因、证明人等信息） | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | 工作单位 | | | | | | | 职务 | 薪资/年 | 离职原因 | | 证明人及电话 | |
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| **家庭成员**（夫妻、子女、父母） | | | | | | | | | | | | | | | | | |
| 姓名 | | 关系 | | | 年龄 | | 工作单位 | | | | | | | 职务 | | 联系电话 | |
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