应 聘 报 名 表

应聘岗位：□卫生应急 □皮肤病医师1 □皮肤病医师2 □医学检验

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| **姓 名** |  | | | | **性 别** | |  | **出生年月** | |  | | （插入电子照片） |
| **政治面貌** |  | | | | **籍 贯** | | |  | | | |
| **身份证号** |  | | | | | | | | | | |
| **最高学历** |  | | | | | **毕业院校** | |  | | | |
| **毕业时间** |  | | | | | **所学专业** | |  | | | | |
| **身体状况** |  | | | | | **婚姻状况** | |  | **是否就业** | | |  |
| **现工作单位** | |  | | | | | | **手机号码** |  | | | |
| **紧急联系方式** | | |  | | | | | **有何特长** |  | | | |
| 教育经历（从高中填起） | | | | | | | | | | | | |
| **起止时间** | | | | **学 校** | | | | **专 业** | | | **学历、学位** | |
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| 工作经历 | | | | | | | | | | | | |
| **起止时间** | | | | **单 位** | | | | **岗位/职务** | | | **备 注** | |
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注：高中阶段“专业”栏、“学历学位”栏不填写