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| 附件2 | | | |  | | | |  | |  | | | | |  | | | |  | | |  | | |  | |  |
| 巧家县中医医院公开招聘编外人员报名表 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓 名** | |  | | | | **性别** | | | |  | | | | | | **出生年月** | | |  | | | | | | **照片** | | |
| **民 族** | |  | | | | **政治面貌** | | | |  | | | | | | **婚姻状况** | | |  | | | | | |
| **职称资格** | | | |  | | | | | | | | | | | | **主要专业特长** | | |  | | | | | |
| **全日制学历毕业学校** | | | |  | | | | | | | **毕业**  **时间** | | | | |  | | | **所学**  **专业** | | |  | | | | | |
| **国民教育学历毕业学校** | | | |  | | | | | | | **毕业**  **时间** | | | | |  | | | **所学**  **专业** | | |  | | | | | |
| **联系电话** | | | |  | | | | | | | | | | | | **身份证号码** | | |  | | | | | | | | |
| **报考单位** | | | |  | | | | | | | | | **报考岗位** | | | |  | | | **岗位代码** | | |  | | | | |
| **本人主要学习工作简历** | **起止年月** | | | | **工作学习单位** | | | | | | | | | | | | | | | | | | | | **职 务** | | |
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| **家庭主要成员信息** | **姓 名** | | | | **性别** | | | **称 谓** | | | | **年龄** | | | **现工作单位（住址）** | | | | | | | | | | | | |
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| **资格复审意见：**  审查人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：1、请认真填写此表，涂改或复印填写无效；2、您将对此表中的信息的真实性负责。