**扬州市江都区滨江人民医院**

**招 聘 报 名 表**

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| 姓  名 | | |  | | | | 性  别 | | |  | | 出生年月 | |  | | | 一寸彩照 | |
| 籍  贯 | | |  | | | | 政治面貌 | | |  | | 外语水平 | |  | | |
| 最高学历 | | |  | | | | 最高学位 | | |  | | 毕业时间 | |  | | |
| 毕业学校 | | |  | | | | | | | | | 专  业 | |  | | | | |
| 联系电话 | | |  | | | | | | | | | 身份证号码 | |  | | | | |
| 专业技术资格情况 | | | 专业技术名称：                 取得时间： | | | | | | | | | | | | | | | |
| 学习经历(高中起点） | | 经 历 | | | 起止年月 | | | | 院校名称 | | | | 所学专业 | | 学位 | | | 备注 |
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| 实习及工作经历 | | 起止年月 | | | | 实习、工作、培训单位 | | | | | | | | | | 岗  位 | | |
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|  | | | |  | | | | | | | | | |  | | |
| 婚姻家庭情况 | | 姓 名 | | 关  系 | | | | 出生年月 | | | 职  业 | | | 现工作单位 | | | | |
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| 有无特长 |  | | | | | | | | | | | | | | | | | |
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本人保证以上所填资料真实准确，如有违事实，愿意取消报名、聘用资格。

填写人签名：                                        年    月    日