**常熟市第二人民医院**

**编外劳动合同制人员招聘报名登记表**

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| 姓 名 |  | | 出生年月 | |  | | 性 别 | | |  | | 照片 | |
| 婚姻状况 |  | | 政治面貌 | |  | | 健康状况 | | |  | |
| 民 族 |  | | 户口所在地 | |  | | | | | | |
| 最高学历 |  | | | | 所学专业 | |  | | | | |
| 毕业院校 |  | | | | | | | | 毕业时间 | | |  | |
| 联系电话 |  | | | | 身份证号码 | | |  | | | | | |
| 现居住地址 |  | | | | | | | | | | | | |
| 执业资格 |  | | | | | 职称资格 | | |  | | | | |
| 报考岗位 |  | | | | | | | | | | | | |
| 本人简历(从高中起） | 起年月 | | 止年月 | | 在何地何单位工作（学习） | | | | | | | | 任何职 |
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| 家庭主要成员及主要社会关系 | 称呼 | 姓名 | | 工作单位 | | | | | | | 联系电话 | | |
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| 其他说明 |  | | | | | | | | | | | | |

**常熟市第二人民医院**

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| 其他说明 |  | | | | | | | | | | | | |