附件

报名信息表

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| **姓　　名** | |  | | **性　　别** | |  | | **出生年月** | |  | | 插入照片 | |
| **民　　族** | |  | | **政治面貌** | |  | | **婚姻状态** | |  | |
| **籍 贯** | |  | | **出 生 地** | |  | | **户口所在地** | |  | |
| **参加工作**  **时　　间** | |  | | **毕业时间** | |  | | **入党时间** | |  | |
| **专业技术职称**  **及取得时间** | | | | XX医师 20XX年XX月取得 | | | | | | **联系**  **方式** | |  | |
| **现工作单位及职务** | | | |  | | | | | | | | | |
| **报名岗位** | | | | ××医院××岗位 | | | | | | | | | |
| **学 习 简 历** (请按照时间先后顺序，从中专/高中开始) | | | | | | | | | | | | | |
| **年 月—年 月** | | | **毕业院校** | | | | **专业名称** | | **学历** | **学位** | | **全日制教育**  **/在职教育** | |
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| **工 作 简 历** (请按照时间先后顺序，从第一段工作开始逐段填写，不要有间断) | | | | | | | | | | | | | |
| **年 月—年 月** | | | **单位** | | | | | | | | **职务/岗位** | | |
| 0000.00-0000.00 | | |  | | | | | | | |  | | |
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| **家 庭 主 要 成 员** （父母、配偶及子女） | | | | | | | | | | | | | |
| **称呼** | | | **姓名** | | **工作单位及职务** | | | | | | **出生时间**  **（年 月）** | | **政治面貌** |
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| **奖 惩 情 况** |  | | | | | | | | | | | | |
| **近 期 主 要 工 作 业 绩** | （填写本栏后，如有更详细信息，可另附资料） | | | | | | | | | | | | |