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| 附件1:  龙里县妇幼保健院2021年9月公开招聘临聘人员报名表     |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓名 |  | | 性别 |  | 出生年月 |  | | 一寸照片 | | 籍贯 |  | | 民族 |  | 政治面貌 |  | |  | | 毕业院校 | |  | | | 所学专业 |  | |  | | 学历学位 | |  | | | 毕业时间 |  | |  | | 现户口所在地 | |  | | | 是否全日制普通高校学历 | | |  | | 婚姻现状 | |  | | | 身份证号码 |  | | | | 家庭详细住址 | |  | | | | | | | | 现工作单位 | |  | | | | 职 务 | |  | | 何时取得何种何级别执业资格证书 | |  | | | 是否符合报考岗位所要求的资格条件 | |  | | | 招聘岗位及代码 | |  | | | QQ邮箱 |  | | | | 本人联系电话 | |  | | | 其他联系方式（父母或亲友姓名、单位电话） | |  | | | 主  要  简  历 | （从大学开始连续填写至今） | | | | | | | | | 以上信息均为真实情况，若有虚假、遗漏、错误，责任自负。  　　　　　　　　　　　　　　考生（签名）： | | | | | | | | | | 报名资格初审意见 | 审查人（签名）：               年   月   日 | | | | 报名资格复审意见 | 复核人（签名）：              年   月   日 | | | |