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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 |

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