附件：

武宁县人民医院公开招聘报名登记表

**应聘岗位：**

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| **姓 名** |  | | **性 别** | | |  | | | **出生年月** | |  | | | **一寸**  **免 冠**  **彩 照** | |
| **民 族** |  | | **籍 贯** | | |  | | | **出生地** | |  | | |
| **政治面貌** |  | | **婚育状况** | | | **□未 婚**  **□已婚未育**  **□已婚已育** | | | **健康状况** | |  | | |
| **资格、职称、执业证书** |  | | | | | | | | **熟悉专业**  **有何专长** | |  | | | | |
| **现工作单位** |  | | | | | | | | **现任岗位**  **及 职 务** | |  | | | | |
| **联系电话** |  | | | | | | | | **联系地址** | |  | | | | |
| **身份证号** |  | | | | | | | | **微信号/EMAIL** | |  | | | | |
| **个人学习**  **培训情况** |  | | | | | | | | | | | | | | |
| **毕业院校** | | | | | **专 业** | | | **毕业时间** | | | | **学 历** | | | **学 位** |
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| **工**  **作**  **简**  **历** | |  | | | | | | | | | | | | | |
| **奖惩情况** | |  | | | | | | | | | | | | | |
| **主要家庭**  **成员和主**  **要社会关系** | | **称 谓** | | **姓 名** | | | **出生年月** | | | **政治面貌** | | | **工作单位及职务** | | |
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| **本 人**  **承 诺** | | **本人郑重承诺：以上填报内容属实，若有弄虚作假行为，本人愿意承担一切后果。**  **承诺人签名： 年 月 日** | | | | | | | | | | | | | |
| **资格审核**  **意 见** | |  | | | | | | | | | | | | | |