第二批编制外合同制卫生专业技术人员岗位报名表

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| 姓名 |  | 性别 |  | | 民族 | | |  | | | 政治  面貌 | |  | | 照片 |
| 出生年月 |  | | 入党（团）  时间 | | | |  | | | | 身体状况 | |  | |
| 毕业院校及专业 |  | | | | | | | | 学历  （学位） | |  | | | |
| 身份证号码 |  | | | | | 报考单位及岗位  名称 | | | | | |  | | |
| 身高及体重 |  | | | | |
| 家庭住址 |  | | | | | 邮政编码 | | | |  | | | | 本人联系 电话 |  |
| 户籍所在地 |  | | | | | 籍贯 | | | |  | | | | 其它联系 电话 |  |
| 学习和工作经历  （可另附纸） | 起止日期 | | | 学习院校及专业（工作单位及职务） | | | | | | | | | | | 证明人 |
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| 主要家庭成员情况  （含配偶、子女、父母、兄弟姐妹等直系亲属情况，可另附纸） | 姓名 | | | 工作单位及职务（无工作单位的填住址） | | | | | | | | | | | 与本人关系 |
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| 主要获奖或取得的资格证书情况（后附相关证明材料） |  | | | | | | | | | | | | | | |
| 有何特长 |  | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | |