附件1：

**花溪区妇幼保健院招聘编外医务人员报名表**

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| 姓 名 |  | 身份证号 | |  | | | | | | | | | | |
| 性 别 |  | 年龄 | |  | | | | 民族 |  | | | | 贴照片处 | |
| 毕业院校 |  | | | 政治面貌 | | | |  | | | | |
| 所学专业 |  | | | 毕业时间 | | | |  | | | | |
| 学历 |  | | | 学位 | | | |  | | | | |
| 专业技术  职务 |  | | | 已取得有关资格情况 | | | |  | | | | | | |
| 健康状况 |  | 婚姻状况 | |  | | | | 应聘岗位 | | |  | | | |
| 现工作单位及部门 |  | | | | | | | | | | | | | |
| 若成功录用，预计可以上岗时间 | | | | | |  | | | | | | | | |
| 现住址 |  | | | | | | | | | | 户籍  所在地 | | |  |
| 本人  联系电话 |  | | | | | | | | | | 紧急  联系电话 | | |  |
| 学习经历（自高中起，时间到月） | 起止时间 | | 就读院校 | | | | 所学专业 | | | | | 获得学位 | | |
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| 工作简历 | 起止时间 | | | | 就职单位 | | | | | 职务 | | | | |
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| 工作能力情况简述 |  | | | | | | | | | | | | | |
| 特长及主要科研  成绩 |  | | | | | | | | | | | | | |
| 其他须  说明事项  或要求 |  | | | | | | | | | | | | | |

**注意：本表中所填内容以及所提供材料均真实有效，如有不实之处，取消录用资格。**