附件1：

**信丰县人民医院公开招聘报名表**

年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | |  | | 民族 | | | | |  |
| 出生年月 |  | 籍贯 | |  | | 身体状况 | | | | |
| 政治面貌 |  | 婚否 | |  | | 生育情况 | | | | |
| 全日制学历 |  | 毕业院校、专业及时间 | | | | | |  | | | |
| 身份证号码 |  | | | | | | | | | | |
| 应聘岗位 |  | | | | | | 联系方式 | |  | | |
| 现有专业资格 |  | | | | | | | | | | |
| 起止时间 | 个人经历 | | | | | | | | | | 证明人及电话 |
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| 家庭主要成员 | | | | | | | | | | | |
| 姓名 | 与本人关系 | | 政治面貌 | | 工作单位及职务 | | | | | 联系电话 | |
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| 奖惩情况 |  | | | | | | | | | | |