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| 大理州第二人民医院专业技术人员招聘报名表 | | | | | | | |
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| **姓 名** |  | **性 别** |  | **出生年月** |  | **照  片** | |
| **籍 贯** |  | **政治面貌** |  | **身 高** |  |  | |
| **第一学历** |  | **最高学历** |  | **学 位** |  |  | |
| **毕业时间** |  | **工作时间** |  | **婚育情况** |  |  | |
| **报考岗位** |  | | | **联系电话** |  | | |
| **身份证号** |  | | | | | | |
| **资格证书及取得时间** |  | | | **职称证书及取得时间** |  | | |
| **教育经历（高中/中专开始）** | **起止时间** | **毕业学校** | | **专 业** | **学 历** | **学 位** | **培养方式** |
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| **培训/实习经历** | **起止时间** | **培训/实习单位** | | | **培训/实习专业** | | |
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| **工作经历** | **起止时间** | **工作单位** | | **科室** | **所从事专业** | **职称** | **职务** |
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| **获奖情况** |  | | | | | | |
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| **注：请根据本人实际情况填写，如有虚假信息责任自负。** | | | | | | | |