附件6

**山东省口腔医院**

**新进人员思想政治素质调查表**

**应聘岗位：**

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| **姓 名** | | |  | **性 别** |  | **民族** |  | | | **籍贯** |  | | | **照片** |
| **出生日期** | | |  | | **政治面貌** | | |  | | | | | |
| **毕业院校** | | |  | | **所学专业** | | |  | | | | | |
| **最高学历** | | |  | | **最高学位** | | |  | | | | | |
| **婚姻状况** | | |  | | **家庭住址** | | |  | | | | | | |
| **联系电话** | | |  | | **电子邮箱** | | |  | | | | | | |
| **学习、工作经历（从高中开始填写至今）** | | | | | | | | | | | | | | |
| **自何年何月** | **至何年何月** | | | **在何地、何单位、任何职** | | | | | **联系人** | | | **职务** | **电话** | |
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| **何时何地何原因受过何种奖励** | |  | | | | | | | | | | | | |
| **何时何地何原因受过何种处分** | |  | | | | | | | | | | | | |
| **本人思想政治表现评价（应聘者本人填写）**  **本人签名：**  **年 月 日** | | | | | | | | | | | | | | |

**填表要求：应聘者可就政治素质、遵纪守法、师德师风、道德素养、综合表现等方面开展自我评价，并对填写内容的真实性负责。**