**梧州市第三人民医院应聘人员报名表**

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| **姓 名** |  | | **性 别** | | |  | | **出生年月** | | | |  | | | | | | 相片 |
| **民 族** |  | | **籍 贯** | | |  | | **出 生 地** | | | |  | | | | | |
| **身高（cm）** |  | | **体重（kg）** | | |  | | **政治面貌**  **入党时间** | | | |  | | | | | |
| **参加工作时间** |  | | **婚姻 状况** | | |  | | **身份证**  **号 码** | | | |  | | | | | |
| **现有职称资格** |  | | | | | | | | | | | **取得时间** | | |  | | | |
| **应聘岗位** |  | | | | | | | | | | | **联系电话** | | |  | | | |
| **学历** |  | | | | | | | | **学位** | | | | | |  | | | |
| **懂 何 种 外 国 语 言** | |  | | | | | | | | | | **有何特长** | |  | | | | |
| **任何团体职务** | |  | | | | | | | | | | **邮箱** | |  | | | | |
| **现家庭住址** |  | | | | | | | | | | | | | | | | | |
| **学习简历（从高中填起）** | **起止年月** | | | | **院校及系、专业** | | | | | | **教育程度** | | | | | **证明人** | | |
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| **工作简历** | **工 作 时 间** | | | | | | **工作单位及职务** | | | | | | | | | | **职 务** | |
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| **进修学习情况** | **进修起止时间** | | | | | | **进修单位** | | | | | | | | | | **进修专业** | |
| **年 月 至 年 月** | | | | | |  | | | | | | | | | |  | |
| **年 月 至 年 月** | | | | | |  | | | | | | | | | |  | |
| **家庭主要成员和社会关系** | **姓 名** | | | **称 谓** | | | **出生年月** | | | **政治面貌** | | | **工作单位及职务** | | | | | |
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| **紧急联系人** |  | | | | | | | | | **紧急联系电话** | | |  | | | | | |
| **有何奖惩及需要说明情况** |  | | | | | | | | | | | | | | | | | |
| **应聘声明** | **我谨此证实以上所述内容无虚假、不实、夸大之处，三代以内家庭主要成员无违法罪犯行为。如有虚报和瞒报，我愿承担相应的责任。 签名： 日期：** | | | | | | | | | | | | | | | | | |