附件1：

山东省精神卫生中心招聘报名登记表

**报名岗位：针灸推拿**

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| 姓 名 | | | |  | | | 性别 | | |  | | 出生年月 | | |  | | |  | |
| 政治面貌 | | | |  | | | 民族 | | |  | | 籍贯 | | |  | | |
| 身份证号 | | | |  | | | | | | | | 学历/学位 | | |  | | |
| 毕业时间 | | | |  | | | | | | | | 参加工作时间 | | |  | | |
| 工作单位 | | | |  | | | | | | | | 职务/职称 | | |  | | | | |
| 移动电话 | | | |  | | | | | | | | E-mail | | |  | | | | |
| 教育背景 | 起止年月 | | | | | 学位 | | | 毕业院校及系院 | | | | 所学专业 | | | | 研究方向 | | |
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| 工作经历 | 起止年月 | | | | | 工作单位 | | | | | | | | | | | | | 职称（职务） |
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| 家庭成员及其主要社会关系 | | | 姓名 | | 与本人关系 | | | 出生日期 | | | 政治面貌 | | | 学历 | | 工作单位及职务 | | | |
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| 科研项目及发表论文等情况 |  | | | | | | | | | | | | | | | | | | |
| 获奖情况 |  | | | | | | | | | | | | | | | | | | |
| 其它 |  | | | | | | | | | | | | | | | | | | |
| **本人郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确。对因提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相关责任。**  **应聘人员签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | | **审查人： 年 月 日** | | | | | | | | | | | | | | | | | |

**注：栏目如无信息请填写“无”；“获奖情况”请填写校级以上获奖；本表正反页打印。**

山东省精神卫生中心人力资源部制