**开阳县中西医结合医院**

**公开招聘非编医务人员报名资格审查表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 民族 |  | | | 籍贯 |  | | 照片 | |
| 出生年月 |  | 身份证号 | |  | | | | | | |
| 政治面貌 |  | 身高 |  | 婚育状况 | | | |  | | |
| 现住址 |  | | | 户口所在地 | | | |  | | |
| 学历 |  | 学位 |  | 毕业院校 | | | |  | | | 专业 |  |
| 职称 |  | | | 取得时间 | | | | | |  | | |
| 应聘岗位 |  | 联系电话 | |  | | | QQ邮箱 | | |  | | |
| 学习和工作经历 | 时间 | | 院校（单位） | | | | | | | 任职情况 | | |
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| 家庭成员及主要社会关系情况 | 姓 名 | | 与本人关系 | | | 工作单位及职位 | | | | | | |
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| 兴趣、爱好及特长 |  | | | | | | | | | | | |
| 获奖情况 |  | | | | | | | | | | | |
| 审核意见 | 盖 章    年 月 日 | | | | | | | | | | | |