**玉州区妇幼保健院应聘专业技术人员报名表**

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| **姓名** |  | **性别** |  | **民族** |  | | **相片** | |
| **出生年月** |  | **籍贯** |  | **婚姻状况** |  | |
| **身高** |  | **体重** |  | **政治面貌** |  | |
| **学历** |  | **学制** |  | **毕业时间** |  | |
| **专业** |  | | **毕业学校** |  | | | | |
| **联系电话** |  | | **通讯地址** |  | | | | |
| **现工作单位及岗位** | | |  | | | | | |
| **意向科室及岗位** | | |  | | | | | |
| **执业资格、执业范围及取得时间** | | |  | | | | | |
| **现有专业技术资格及取得时间** | | |  | | | | | |
| **学习经历（从初中写起，不间断填写）** | | | | | | | | |
| **起止时间** | | **毕业院校** | | **专业** | | **学历** | | **是否全日制** |
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| **工作经历** | | | | | | | | |
| **起止时间** | | **工作单位** | | | | **岗位/工种** | | |
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本人承诺：本人所填写的信息及附交的材料真实、有效，如有不实，自愿放弃聘用资格。

承诺人： 年 月 日