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| |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **姓名** |  | **身份证号** | |  | | | | | |  | |  | | **民族** |  | **性别** | |  | | | | | |  | | **政治面貌** |  | **出生日期** | |  | | | | | |  | | **毕业院校** |  | **毕业时间** | |  | | | | | |  | | **所学专业** |  | **学历** | |  | | **学位** | | | | |  |  | | **工作单位** |  | | **参加工作时间** | | | | | |  | | |  | | **单位性质** |  | | **现聘岗位** | | | | | |  | | |  | | **户口所在地（应届毕业生生源地）** |  | | | **联系电话** | | |  | | | | |  | | **现有执业证** |  | | | | | | | | | | |  | | **现有专业技术 资格证** |  | | | | | | | | | | |  | | **报考单位** |  | | | | **报考职位** | | |  | | | |  | | **个人简历(从高中阶段填起，须注明每段经历的起止年月、所在学校或单位及任职情况)** |  | | | | | | | | | | |  | | **备注** |  | | | | | | | | | | |  | | 本人郑重承诺：此表我已完整填写，所填个人信息均属实，如信息填写不完整或有不实之处，出现所有后果由本人承担。  本人签名：  年 月 日 | | | | | | | | | | | |  | |

2020年崂山区卫生健康局公开选聘骨干

卫生专业技术人才报名登记表