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| 上饶市皮肤病医院劳务派遣工作人员报名表 | | | | | | | | | | | | | | |
| 应 聘 岗 位 | | |  | | | | | | | | | | | |
| 姓 名 |  | | 身份证号 |  | | | | | | | | |  | |
| 性 别 |  | | 政治面貌 |  | | | | 出生年月 | | |  | |
| 民 族 |  | | 参加  工作时间 |  | | | | 籍 贯 | | |  | |
| 婚姻状况 | | |  | | | | | 健康状况 | | |  | |
| 户籍所在地 | | |  | | | | | | | | | | | |
| 毕业院校及专业 | | |  | | | | | | | | | | | |
| 取得的学历、学位 | | |  | | | | | | | | | | | |
| 获得的职业资格  证书 | | |  | | | | | | | | | | | |
| 个人学习、工作简历 | | | | | | | | | | | | | | |
| 自何年何月 | | | 至何年何月 | | | 在何地区 | | | 何单位、部门 | | | | | 任 何 职 务 |
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| 家庭成员及主要社会关系 | | | | | | | | | | | | | | |
| 称 谓 | | | 姓 名 | | | 工 作 单 位 | | | | | | | | 任 何 职 务 |
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| 兴趣爱好 | | | | | | | | | | | | | | |
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| 自我评价及参与应聘的理由 | | | | | | | | | | | | | | |
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| 通讯地址 | |  | | | | | | | | 邮 编 | |  | | |
| 手 机 | |  | | | Email | |  | | | 紧急  联系电话 | |  | | |
| **申明：本人保证以上所填信息情况属实，如有隐瞒或违规行为，愿承担相应责任和后果。**  签名：\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |