**河南省胸科医院专业技术人员报名表**

**应聘岗位**：

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| **一、申请人基本信息** | | | | | | | | | | | | | | | | |
| 姓名 | |  | 性别 |  | 出生日期 | |  | | | | | 民族 |  | | | 本人照片 |
| 籍贯 | |  | 政治面貌 | |  | | 职称及取得时间 | | |  | | | | | |
| 学历 | |  | | | 身份证号 | | | | |  | | | | | |
| 专业名称 | |  | 资格证书情况 | | |  | | | | | | | | | |
| 婚姻状况 | |  | 配偶工作单位及从事专业 | | | | |  | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | |
| 健康状况 | |  | | 电子信箱 | |  | | | | | 联系电话 | | |  | | |
| **二、学习及工作简历（自高中起）** | | | | | | | | | | | | | | | | |
| 学  习  经  历 | 起止时间 | | 所 在 学 校 | | | | | | 专 业 | | | | | | 学 历 | |
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| 工  作  简  历 | 起止时间 | | 所 在 单 位 | | | | | | 从事专业 | | | | | | 工作岗位 | |
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| 曾担任职务  （注明起止时间） | | |  | | | | | | | | | | | | | |
| 个人优势 | | |  | | | | | | | | | | | | | |
| 签名： | | | | | | | | | | | | | | | | |