**宿迁市中医院公开招聘事业编制卫技人员报名登记表**

报名时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 | |  | | | 民族 | |  | | 照片 | |
| 出生 年月 |  | | | | 最高  学历 | |  | | | 籍贯 | |  | |
| 身高（cm） |  | | | | 政治  面貌 | |  | | | 婚姻  状况 | |  | |
| 原工作单位 | |  | | | | | | | | 专业技术职称 | |  | |
| 学位  学历 | 全日制教 育 | |  | | | 毕业院校及 专 业 | | |  | | | | 毕业  时间 | |  |
| 在 职  教 育 | |  | | | 毕业院校及 专 业 | | |  | | | | 毕业  时间 | |  |
| 身份证号 | | |  | | | | | | | | 报考岗位 | |  | | |
| 通讯 地址 |  | | | | | | | | | | | | 联系 电话 | |  |
| 学习  工作  简历 |  | | | | | | | | | | | | | | |
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| 家庭  成员  情况 | 姓名 | | | 关系 | | | | 所在单位 | | | | | | | 职务 |
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