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| **报考单位** | |  | | | | **报考岗位** | | | | |  | | | | | | |
| **现任职情况** | | □在职 □离职 | | | | **现任职单位及职务** | | | | |  | | | | | | |
| **是否取得全科培训证书** | | □是 □否 | | | | **专业技术资格（执业）证书及取得时间** | | | | |  | | | | | | |
| 姓名 | |  | | 性别 | |  | 出生日期 | | | |  | | | | | | 照片 |
| 参加工作时间 | |  | | 身份证号 | |  | | | | | | | | | | |
| 学历/学位（对应岗位要求的） | |  | | 毕业学校及专业 | |  | | | 学习形式（全日制/成人） | | | |  | | | |
| 政治面貌 | |  | | 婚姻状况 | | □未婚 □已婚未育 □已婚已育 □离异 | | | | | | | | | | |
| 户口  所在地 | |  | | 现住址 | |  | | | | | | | | | | |
| 联系方式 | |  | | | | 电子邮箱 | |  | | | | | | | | | |
| **教育/培训经历(从高中学历填起)** | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 学习院校 | | | | 专业 | | | | | 学历 | | | 培养方式（全日制/成人） | | |
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| **工作经历** | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 工作单位及岗位 | | | | 职务/职称 | | | 离职原因 | | | | | | 证明人及联系方式 | |
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| 奖惩情况 |  | | | | | | | | | | | | | | | | |
| 家庭主要成员 | 关系 | | 姓名 | | 工作单位 | | | | | 职务 | | | | 联系电话 | | | |
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| **承诺：**本人在此申请书中所填写的一切均属实且准确，如有重大隐瞒或虚报，自愿接受立即解雇之处分。本人授权调查上述资料的真实性。  **签名：** | | | | | | | | | | | | | | | | | |
| **审核意见：** | | | | | | | | | | | | | | | | | |

南京市栖霞区卫健委所属事业单位2022年公开招聘紧缺医学人才报名表