**泰安市中医医院编外聘用制工作人员招聘报名表**

年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性别 |  | | 民族 | |  | | 出生  年月 | |  | | （近期一寸照片） |
| 籍 贯 | |  | | 政治  面貌 |  | | 婚否 | |  | | 身体  状况 | |  | |
| 学 历 | |  | | 毕业  时间 |  | | | | 导师 | |  | | | |
| 毕业院校及专业 | |  | | | | | | | | | 研究方向 |  | | | |
| 毕业论文题目 | |  | | | | | | | | | | | | | |
| 执业医师取得时间 | |  | | | | 执业医师  证书编号 | | | | |  | | | | |
| 规培证书取得时间 | |  | | | | 专业技术职务  资格及取得时间 | | | | |  | | | | |
| 报考岗位 | |  | | | | | | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | 联系  电话 |  | | | |
| E-mail | |  | | | | | | | | | 身份  证号 |  | | | |
| 本人简历 | 起止时间 | | | | 学校/工作单位 | | | | | | | | | 专业/职位 | |
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| 家庭主要成员 | 称谓 | | 姓名 | | 出生  年月 | | | 政治面貌 | | 工作单位及职务 | | | | | |
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