**四川绵阳四0四医院考核招聘专业技术人员报名表**

**（2020年下半年）**

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| **姓 名** |  | | | **性别** | | |  | | | | **民族** | |  | | | | **免冠彩色近照）** |
| **出生年月** |  | | | **籍贯** | | | |  | | | | | | | | |
| **政治面貌** |  | | | **专业** | | | |  | | | | | | | | |
| **最高学历** |  | | | **最高学位** | | | |  | | | | | | | | |
| **技术职称** |  | | | **报考单位**  **及岗位** | | | |  | | | | | | | | | |
| **毕业院校名称** |  | | | | | | | **毕业时间** | | | | | | |  | | |
| **现工作单位** |  | | | | | | | | | | | | | | | | |
| **身份证号码** |  | | | | | | | | **联系电话** | | | | |  | | | |
| **本人详细**  **住址及邮编** |  | | | | | | | | | | | | | | | | |
| **主要学习**  **工作经历**  (高中学习起填写) | **时间** | | **学习层次/工作经历** | | | | | | | | | **毕业学校及工作单位名称** | | | | | |
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| **家庭成员**  **情况**  （父母及配偶姓名年龄政治面貌工作单位职务住址） | **称谓** | **姓名** | | | **年龄** | **政治**  **面貌** | | | | **工作单位、职务** | | | | | | **住址** | |
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