**海南省第二人民医院公开招聘聘用人员报名表**

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| 姓名 |  | 性别 | |  | | 民族 | |  | | 出生年月 | | |  | | | 相片 |
| 籍贯 |  | 身份证号码 | | | |  | | | | | | | 身高（cm） | |  |
| 家庭住址 |  | | | 邮政编码 | | |  | | | | 联系电话 | | |  | |
| 毕业学校及毕业证书号 |  | | | 所学专业 | | |  | | | | 学历 | | |  | |
| 学位 |  | | | 职称 | | |  | | | | 应聘岗位 | | | ① ② | | |
| 婚否 |  | | | 健康状况 | | |  | | | | 政治面貌 | | |  | | |
| 个人主要简历 | 起止年月 | | 单位及职务 | | | | | | | | | | | 证明人及身份 | | |
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| 家庭主  要成员 | 关系 | | 姓名 | | 出生日期 | | | | 政治面貌 | | | 工作单位及职务 | | | | |
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| 个人工作业绩、学术情况简介 |  | | | | | | | | | | | | | | | |
| 应聘  承诺 | 以上表格所填内容属实，若有虚假，所聘单位有权解除聘用合同。  应聘者签名： | | | | | | | | | | | | | | | |
| 资格审查  意见 | 签名： 年 月 日 | | | | | | | | | | | | | | | |