**医药卫生报社公开招聘报名表**

**应聘岗位**：                  **填表时间：　                ＿**

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| **一、申请人基本信息** | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | 性别 |  | 出生日期 | |  | | | | | 民族 |  | | | 本人照片 |
| 籍贯 | |  | | 政治面貌 | |  | | 职称 | |  | | 是否有记者证 | |  | | |
| 学历 | | |  | 身份证号 | | |  | | | | | | | | | |
| 婚姻状况 | | |  | 配偶工作单位及从事职业 | | | | |  | | | | | | | | |
| 家庭住址 | | |  | | | | | | 外语、计算机能力（语种/级别） | | | | | |  | | |
| 健康状况 | | |  | | 电子信箱 | |  | | | | | 联系电话 | | |  | | |
| **二、学习及工作简历（自高中起）** | | | | | | | | | | | | | | | | | |
| 学  习  经  历 | 起止时间 | | | 所   在   学   校 | | | | | | | 所学专业 | | | | | 学历、学位 | |
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| 工  作  经  历 | 起止时间 | | | 所   在   单   位 | | | | | | | 工作岗位 | | | | | 备注 | |
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| 工作期间获奖情况 | | | |  | | | | | | | | | | | | | |
| 个人优势 | | | |  | | | | | | | | | | | | | |
| 个人声明：本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。  签名（请勿打印，须亲笔书写）： | | | | | | | | | | | | | | | | | |
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