**焦作市妇幼保健院应聘人员报名表**

**所学专业：** **学历：**

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| **一、申请人基本信息** | | | | | | | | | | | | | | | | |
| 姓名 | |  | | 性别 |  | 出生年月 | |  | | | | 籍贯 |  | | | 本人照片 |
| 职称 | |  | | 政治面貌 | |  | | 身份  证号 |  | | | | | | |
| 学历  学位 | | |  | 所学专业 | |  | | 研究方向 | |  | | | | | |
| 婚姻状况 | | |  | 个人意向  岗 位 | | |  | | | 联系电话 | | | |  | | |
| 是否取得相关执业证书 | | |  | 是否取得  规培证书 | | |  | | | 英语等级 | | | |  | | |
| **二、学习及工作简历（自高中起）** | | | | | | | | | | | | | | | | |
| 学  习  经  历 | 起止时间 | | | 所 在 学 校 | | | | | | | 专 业 | | | | 学历、学位 | |
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| 工  作  简  历 | 起止时间 | | | 所 在 单 位 | | | | | | | 从事专业 | | | | 职称、职务 | |
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| 发表论文、论著、开展科研课题情况 | | | |  | | | | | | | | | | | | |
| 个人专业特长介绍 | | | |  | | | | | | | | | | | | |
| 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。  本人签名： | | | | | | | | | | | | | | | | |