附件2

安阳市眼科医院2023年人才招聘（引进）报名表

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| 姓　　名 |  | | | | 性　　别 | |  | | 出生日期 | |  | | | 粘照片 | | |
| 民　　族 |  | | | | 政治面貌 | |  | | 婚姻状况 | |  | | |
| 籍 贯 |  | | | | 户籍所在地 | |  | | | | | | |
| 身份证号 |  | | | | | | | | | | 联系方式 | | |  | | |
| 第一学历/专业 |  | | | | | | | | 最高学历/专业 | |  | | | | | |
| 现住址 | | | | |  | | | | | | 有无职业资格 | | |  | | |
| 重要证书及职称 | | | | |  | | | | | | | | | | | |
| 受教育情况（从高中教育填起） | | | | | | | | | | | | | | | | |
| 起止时间 | | | 学 校 | | | | | 专业 | | 学历 | | 学位 | | | 是 否  全日制 | |
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| 家庭成员及重要社会关系 | | | | | | | | | | | | | | | | |
| 称谓 | | 姓名 | | 年龄 | | 单位及职务 | | | | | | | 政治面貌 | | | 备注 |
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承诺以上所填信息及所提供的所有应聘材料真实可信，如一经发现虚假，同意医院在任何时侯有权取消我的录用资格或解除聘用合同。

**承诺人签字：** 年　 月　 日