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| **报名岗位** |  | | | | **现任职情况** | | □在职□离职 | | | | | |
| 姓名 |  | | 性别 | |  | 身高(CM) |  | | | | 照片 | |
| 出生日期 |  | | 身份证号 | |  | | | | | |
| 政治面貌 |  | | 婚姻状况 | | □未婚□已婚未育□已婚已育□离异 | | | | | |
| 户口  所在地 |  | | 现住址 | |  | | | | | |
| 联系方式 |  | | 电子邮箱 | |  | | | | | |
| **教育/培训经历(从高中学历填起)** | | | | | | | | | | | | |
| 起止时间 | | 学习院校 | | | | 专业 | | | 学历/所获证书 | | | |
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| **资格证书** | | | | | | | | | | | | |
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| **工作经验** | | | | | | | | | | | | |
| 起止时间 | | 工作单位 | | | | 职务 | | 离职原因 | | | | 证明人及联系方式 |
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| 奖惩情况 |  | | | | | | | | | | | |
| 家庭主要成员 | 关系 | 姓名 | | 工作单位 | | | | 职务 | | 联系电话 | | |
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| **承诺：**本人在此申请书中所填写的一切均属实且准确，如有重大隐瞒或虚报，自愿接受立即解雇之处分。本人授权调查上述资料的真实性。手写签名： 时间： 审核人： | | | | | | | | | | | | |

**附件2：南京江北新区葛塘街道社区卫生服务站2024年公开招聘医务人员报名登记表**