蒙自市紧密型医共体招聘编外人员报名表

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| 报考单位 |  | | | | 报考岗位 | | |  | | | | | | 照  片 |
| 姓名 |  | 性别 |  | | 籍贯 | | |  | | 民族 |  | | |
| 身份证号 |  | | | | | | 电话号码 | | |  | | | |
| 学习经历 | 时间（全日制教育写起）  XX年XX月-XX年XX月 | | | | | 学校 | | | | | 学历 | | 专业 | |
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| 工作经历 | 时间  （XX年XX月-XX年XX月） | | | | | 单位 | | | | | 负责工作 | | | |
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| 取得职称 | 职称 | | | 取得时间 | | | | | 职称 | | | 取得时间 | | |
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