附件2：烟台市牟平区中医医院(劳务派遣)公开招聘

报名登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性别 |  | | | 出生  年月 | |  | | 民族 |  |  | |
| 最高学历 | |  | | 最高学位 | | | |  | | | | | |
| 政治面貌 | |  | | 所学专业 | | | |  | | | | | |
| 籍 贯 | |  | | | | | | 家庭住址 | | |  | | |
| 身份证号 | |  | | | | | | 现专业技术资格 | | |  | | | | |
| 联系电话 | |  | | | | | | | 应聘岗位 | |  | | | | |
| 学  习  简  历  （自高中起填写） | 起止年月 | | 学历（学位） | | | | 学校 | | | | 专业 | | | | 是否全日制 |
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| 工  作  简  历 | 起止年月 | | 工作单位 | | | | | | | | 职称（职务） | | | | 是否缴纳保险 |
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| 家庭成员情况 | 姓名 | | 与本人关系 | | | 工作单位 | | | | | | | | | 职务 |
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