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| 鹰潭市妇幼保健院  应聘者简历  **应聘岗位： 应聘时间：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | | | 性别 | |  | | | | | 年龄 | | | | |  | | | | 本人免冠  照片 | | | | | | |
| 户籍  所在地 | |  | | | | | 民族 | |  | | | | | 政治  面貌 | | | | |  | | | |
| 身份  证号 | |  | | | | | | | | | | | | 参加工作时间 | | | | |  | | | |
| 电话  号码 | |  | | | | | 电子  邮件 | |  | | | | | 婚姻  状况 | | | | |  | | | |
| 家庭住址 | |  | | | | | 档案存放地 | |  | | | | | | | | | | | | | |
| **一、学历学位***（如先“高中”然后“大学”再“研究生”最后“博士”，且要求填写到最底层代码，不允许填写“本专科教育”等上层代码，专业技术人员请从第一学历开始填写。）* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学历 | 是否有学位 | | | 入学时间 | | | | 毕（肄）业时间 | | | | 学校名称 | | | | | | 所学专业 | | | | | 学历性质  （全日制/  在职） | | | | | | 第一学历  （是/否） |
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| **二、工作经历***（没有则不填，有请按照时间的先后顺序填写）* | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |  |
| 起始日期 | | 终止日期 | | | | | 所在单位 | | | | | 所在  部门 | | | | | | 从事工作或担任职务 | | | | | 备 注 | | | | | | |
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| **三、进修经历***（没有则不填，有请按时间先后顺序填写）* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 进修  起始日期 | | 进修  结束日期 | | | 进修单位 | | | | | | | | 进修  部门 | | | 进修学科 | | | | | | | | | | | 备注 | | |
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| **四、专业技术职务***（没有则不填，有请按时间先后顺序填写）* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 专业技术  级别 | | | 专业技术  资格名称 | | | 取得  资格时间 | | | | 聘任专业技术职务名称 | | | | | 聘任  时间 | | | | | 聘任单位 | | | | | 备 注  （医师需填写执业类别、执业范围） | | | | |
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| **五、规培记录***（没有则不填，有请按时间先后顺序填写）* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 规培  开始时间 | | | 规培  结束时间 | | | 规培医院 | | | | 规培医院  级别 | | | | | 规培科室 | | | | | | 规培类型 | | | 备 注 | | | | | |  | |
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| **六、论著发表记录***(没有则不填，有请把重要的文章填写即可)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 书名 | | | 出版社 | | | 作者  排名 | | | | 发表时间 | | | | | 发文、著作标识 | | | | | | 所属学科专业类别 | 刊物  等级 | | | | | | 备注 | |
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| **七、家庭成员及社会关系***（请填写直系亲属，如丈夫、妻子、儿子、女儿、父母*  *注：如无固定单位请填写身份证地址）* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与本人关系 | | | 成员姓名 | | | 出生日期 | | | | | 政治面貌 | | | | 工作单位或地址 | | | | | | | | | | | | | 联系电话 | |
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| **八、个人自述***（专业特长等）* | | | | | | | | | | | | | | | | |  | | | | | | | | |
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