赣南卫生健康职业学院助理岗位报名登记表

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| 姓 名 |  | | | | | 性 别 | | |  | | | 出生年月 | | | |  | | | 照片 | |
| 出生地 |  | | | | | 政治面貌 | | |  | | | | | 婚姻状况 | | |  | |
| 身份证号码 | | |  | | | | | | | | | | | 健康状况 | | |  | |
| 最终学历毕业学校 | | | | |  | | | | | | | | | 毕业时间 | | |  | |
| 所学专业 | |  | | | | | | | | | （拟）取得学历和学位 | | | |  | | | |
| 英语水平 | | 取得CET级证书  或CET 级 分 | | | | | | | | 计算机  等 级 | | | 国家 级或省级  (计算机相关专业可不填) | | | | | | | |
| 联系电话 | |  | | | | | | | | E—mail | | |  | | | | | | | |
| 主要  学习  工作  经历  （从高中开始） | 起至时间 | | | | | | 学习（工作）单位 | | | | | | | | | | | 任职 | | 证明人 |
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| 学生干部经历及论文科研项目情况 |  | | | | | | | | | | | | | | | | | | | |
| 奖惩  情况 |  | | | | | | | | | | | | | | | | | | | |
| 自我  评价 |  | | | | | | | | | | | | | | | | | | | |
| 主要社  会关系 | 关系 | | | 姓名 | | | | 政治面貌 | | | 工作单位 | | | | | | | | 任职 | |
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**本人郑重承诺：**本人所填写的信息均真实。如有虚假,本人愿承担一切后果。

个人签名：