**2025年丽江市古城区医共体总院（古城区人民医院）补充招聘编外工作人员报名表**

**报考岗位：**

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| **姓 名** |  | **性 别** | | |  | | **出生**  **年月** |  | | **民族** | |  | | （照片粘帖处） | |
| **学历**  **学位** |  | **专业** | | |  | | **政治**  **面貌** |  | | **入党**  **时间** | |  | |
| **毕业学校** |  | | | | | | **职称** |  | | **婚姻状况** | |  | |
| **现住址** |  | | | | | | **户口**  **所在地** |  | | | | | |
| **微信** |  | | | **联系电话** | | |  | | **电子邮箱** | | |  | | | |
| **教育背景（从高往低填，至高中）** | **就读时间** | **学校** | | | | | | **专业** | | | | **学历** | | **学位** | **是否**  **全日制** |
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| **取得资格证书情况（含执业资格）** | **取得证书名称** | | | | **获得时间** | | | **发证机构** | | | | **证书业务方向** | | | |
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| **工作经历 （社会实践经历）** | **起止时间** | | | | | **单位及部门** | | | | | **工作岗位** | | **内容** | | |
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| **相关技能、荣誉奖励** |  | | | | | | | | | | | | | | |
| **家庭主要成员情况** |  | | | | | | | | | | | | | | |
| **个人申明** | 有无受到经济、纪律等  处分、处罚的情况 | | | | | |  | | | | | | | | |
| **报名者承诺：以上信息真实，无隐瞒、虚假或重复报名等行为；所提供的应聘材料和证书（件）均为真实有效。如有虚假，本人愿承担一切责任。**    本人签名： 代报人签字： 年 月 日 | | | | | | | | | | | | | | |