梧州市卫生和计划生育委员会公开招聘

工作人员报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性 别 | | | |  | | | 民 族 | | |  | | 正面免冠  彩色照片  （一寸） |
| 出生年月 |  | | 籍 贯 | | | |  | | | 政治面貌 | | |  | |
| 第一学历 |  | | 何时何校何专业 | | | |  | | | | | | | |
| 后续学历 |  | | 何时何校何专业 | | | |  | | | | | | | |
| 从事何种职业及年限 |  | | | | | | 个人特长 | | | | |  | | | |
| 身份证号码 |  | | | | | | 身体状况 | | | | | 身高及体重 | | |  |
| 有无心血管病 | | |  |
| 有无传染病 | | |  |
| 原工作单位 |  | | | | | | | | | | | | | | |
| 家庭地址 |  | | | | | | | | | 档案存放处 | | | |  | |
| 联系电话 |  | | | | | | | | | 邮 编 | | | |  | |
| 主要学习  和培训  经 历 | 时 间 | | | | 培训类别 | | | | | 培训单位 | | | | | 发证单位 |
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| 主要工作经历 | | | | | | | | | | | | | | | |
| 起止时间 | | 工作单位 | | | | 职务/职称 | | | | 主 要 工 作 及 业 绩 | | | | | |
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| 配偶情况 | | | | | | | | | | | | | | | |
| 姓 名 | |  | | 出生年月 | | | | |  | | | | 民族 | |  |
| 籍 贯 | |  | | 参加工作时间 | | | | |  | | | | 政治面貌 | |  |
| 文化程度 | |  | | 工作单位及职务 | | | | |  | | | | | | |
| 主要家庭成员情况 | | | | | | | | | | | | | | | |
| 关系 | | 姓名 | | 出生日期 | | | | 政治面貌 | | | 工作单位及职务 | | | | |
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注：“联系电话”栏务必填写准确，以便影响招聘。