附件：

**苏州市社会福利总院**

**公开招聘应届紧缺医学专业人才报名登记表**

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| **姓名** | |  | | | | | | **性别** | | | |  | | | | | **出生年月** | | | |  | | | | （照片） | | | | |
| **政治**  **面貌** | |  | | | | | | | | | | **户籍所在地** | | | | |  | | | | | | | |
| **毕业**  **院校** | |  | | | | | | | | | | | | | | | **毕业时间** | | | |  | | | |
| **学历** | |  | | | | | | | | | | | | | | **学位** | | | | |  | | | |
| **所学专业** | |  | | | | | | | | **联系电话** | | | | | |  | | | | | | | | |
| **通讯地址** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **身份证号** | |  |  |  |  |  | | |  | |  | |  | |  | | |  | |  | |  |  |  | |  |  |  |  |
| **应聘岗位** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **个人主要简历** | **起止年月** | | | | | | **在何地、何单位、任何职（从初中开始填写）** | | | | | | | | | | | | | | | | | | | | | | |
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| **奖惩情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **以上各项由报名者如实填写，一经发现作假，资格取消，责任由应聘者自负。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **初审意见** | | **（盖章）**  **年 月 日** | | | | | | | | | | | | **复审意见** | | | | | **（盖章）**  **年 月 日** | | | | | | | | | | |