附件1：

织金县妇幼保健院招聘工作人员报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 |  | | 出生年月 | | |  | | | 民族 | | |  | | |  |
| 政治 面貌 | |  | | | 户籍 |  | | 档案 所在地 | | |  | | | 婚否 | | |  | | |
| 身高 | |  | | | 体重 |  | | 健康状况 | | |  | | | 血型 | | |  | | |
| 户口所在地址 | | | |  | | | | | | 身份证号码 | | | | | |  | | | | |
| 现家庭住址 | | | |  | | | | | | 联系电话 | | | | | |  | | | | |
| 毕业时间 | | | |  | | | | | | 技术职称 | | | | | |  | | | | |
| 全日制学历 | | | |  | | | | | | 毕业院校 | | | | | |  | | | | |
| 最高学历 | | | |  | | | | | | 毕业院校 | | | | | |  | | | | |
| 原工作单位 | | | |  | | | | | | 参加工作时间 | | | | | |  | | | | |
| 紧急联系人姓名 | | | |  | | | 与本人关系 | |  | | | | 紧急联系人电话 | | | | | |  | |
| 本 人 主 要 工 作 经 历（毕业后开始填写） | | | | | | | | | | | | | | | | | | | | |
| 起 | 止 | | | 工作单位 | | | | | | | 职位 | | | | 证明人 | | | 联系方式 | | |
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| 教 育 及 培 训（大学开始填写、含在职教育） | | | | | | | | | | | | | | | | | | | | |
| 起 | 止 | | | 学校或教育机构名称 | | | | | | | 专业 | | | | 证明人 | | | 联系方式 | | |
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| 家庭主要成员 | | | | | | | | | | | | | | | | | | | | |
| 关系 | | | 姓名 | | | | | | | | | 工作单位及职业 | | | | | | | | |
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| 个人情况  （爱好、特长、专业情况） | | |  | | | | | | | | | | | | | | | | | |
| 本人承诺： | | | 本人承诺以上情况属实，如有虚假本人愿意承担一切后果。  签名： 年 月 日 | | | | | | | | | | | | | | | | | |