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| 附件1：深圳市第二人民医院专科经营助理应聘报名表 | | | | | | | | | | | |
| **一、申请人基本信息** | | | | | | | | | | | |
| 姓名 |  | | 性别 |  | 出生日期 | |  | 民族 |  | | 贴照片 （一寸彩色 近照） |
| 政治面貌 |  | | 身份证 号码 | |  | | | 籍贯 |  | |
| 学历 | | |  | | 专业 | | |  | | | |
| 专业技术职称 | | |  | | 已聘专业技术职务 | | |  | | | |
| 家庭住址 | |  | | | | | | | | | |
| 电子信箱 | |  | | | | | | 联系电话 | |  | |
| **二、教育培训经历** | | | | | | | | | | | |
| 起止时间 | | | | | | 所 在 学 校 | | | | | 专业 |
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| **三、工作经历** | | | | | | | | | | | |
| 起止时间 | | | | | | 工 作 单 位 | | | | | |
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| **四、获奖或惩处情况** | | |
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| **五、家庭主要成员** | | |
| 称谓 | 姓名 | 工作单位及职务 |
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|  |  |  |
| **六、求职意向及个人职业规划** | | |
|  | | |
| 个人声明：本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。 | | |
| 签名： | | |

备注：此表双面打印