**附表2：**

**保定市妇幼保健院应聘人员报名表**

**拟报专业： 编号：**

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| **姓　名** | |  | | **性　别** |  | **出生年月** | | |  | | **小2寸彩照** |
| **籍 贯** | |  | | **民　族** |  | **政治面貌** | | |  | |
| **婚姻状况** | |  | | **身 高** |  | **联系电话** | | |  | |
| **第一学历** | | **所学专业** | |  | | **毕业时间** | | |  | |
| **毕业学校** | |  | | | | | | |
| **最高学历** | | **所学专业** | |  | | | **毕业时间** | |  | |
| **毕业学校** | |  | | | | | | |
| **身份证**  **号码** | |  | | | **现工作单位** | | |  | | | |
| **专业证书** | | **专业名称：**  **取得时间：**  **最后注册时间及地点：** | | | | | | **职称资格** | | **专业名称：**  **资格类别：**  **取得时间：** | |
| **学习经历（从初中毕业起）** | **起止年月** | | **院　校　名　称** | | | | | | | **所学专业** | |
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| **工**  **作**  **经**  **历** | **起止年月** | | **工 作 单 位** | | | | | | | **岗 位** | |
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| **发表论著及科研成果** | **时间** | | **内容** | | | | | | | **获奖情况** | |
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**本人保证以上所填资料真实准确，如有违事实，愿意取消报名、聘用资格。**

**填写人签名：**   **年 月 日**