**广东药科大学附属第一医院应聘报名表**

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| 应聘岗位 |  | | | | | 是否服从调剂 | | | |  | | | 一寸近照 |
| 姓 名 |  | | | | 性 别 |  | | 出生年月 | |  | | |
| 民 族 |  | | | | 政治面貌 |  | | 学 历  （学位） | |  | | |
| 籍 贯 |  | | | | 身份证号码 | | |  | | | | | |
| 生源地 |  | | | | | | | | | | | | |
| 联系地址 |  | | | | | | | | 邮 编 | | | |  |
| 联系方式 | 移动电话： 固定电话： | | | | | | | | | | | | |
| E-mail： | | | | | | | | | | | | |
| 外语及掌握程度 | | | |  | | | | | | | | | |
| 计算机水平 | | | |  | | | | | | | | | |
| 相关资格证书 | | | |  | | | | | | | | | |
| 特 长 | | | |  | | | | | | | | | |
| **教育经历（从高中写起）** | | | | | | | | | | | | | |
| 起止年月 | | 学 校 | | | | | 专 业 | | | | 学历（学位） | | |
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| **工作经历** | | | | | | | | | | | | | |
| 起止年月 | | | 单 位 | | | | | | | | | 职 务 | |
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| 应聘人申明：  我在此声明，本表所提供的信息全面而准确。我承担因任何不实和遗漏导致的责任。  本人签名： 日期： 年 月 日 | | | | | | | | | | | | | |

**备注：请如实填写，如有虚假，需承担由此引发的一切后果。**