附件

南方医科大学深圳医院公开招聘报名表

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| 姓 名 | | |  | | 性 别 | | | | | |  | | | | | 出生年月 | | | | | 年 月  （岁） | | | | |  | | | | | | | |
| 民 族 | | |  | | 籍 贯 | | | | | |  | | | | | 出 生 地 | | | | |  | | | | |
| 政 治  面 貌 | | |  | | 入 党  时 间 | | | | | |  | | | | | 参加工作  时间 | | | | |  | | | | |
| 专业技术职务 | | |  | | 熟悉专业  有何专长 | | | | | |  | | | | | 有无国外永久居留权 | | | | |  | | | | | 健康状况 | | | |  | | | |
| 学 历  学 位 | | | 全日制  教 育 | |  | | | | | | | | | | | 毕业院校  系及专业 | | | | |  | | | | | | | | | | | | |
| 在 职  教 育 | |  | | | | | | | | | | | 毕业院校  系及专业 | | | | |  | | | | | | | | | | | | |
| 工作单位  与现任职务 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 | | | | |  | |  |  |  | | | |  |  |  | |  |  |  |  | |  | |  |  | | |  |  | |  | |  |
| 本人  联系  方式 | | 手 机 | | |  | | | | | | | | | | | 办公电话 | | | | |  | | | | | | | | | | | | |
| 电子邮箱 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住址、邮编 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位 | | | | | 1、 2、 是否服从调剂：是□ 否□ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学习  经历  （自大学写起） | | **自何年何月** | | | **至何年何月** | | | | | | | **毕业院校** | | | | | | | | | **所学专业** | | | | | | **学历学位** | | | | | | |
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| 工作  简历 | **自何年何月** | | | **至何年何月** | | | | | | **工作单位** | | | | | | | | | | | | | | | **职务** | | | | | | |
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| 奖惩  情况 | **何年何月** | | | | | **奖励（或处分）名称** | | | | | | | | | | | | | | | | | **颁布单位** | | | | | | | | |
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| 选  岗  理  由 |  | | | | | |
| 家  庭  主  要  成  员  及  重  要  社  会  关  系  （配偶、子女、父母） | **称 谓** | **姓名** | **出生**  **年月** | **政治**  **面貌** | **国籍** | **工 作 单 位 及 职 务** |
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| 个  人  承  诺 | 我承诺本报名表所填内容及所提供资料全部真实，如有弄虚作假，由我本人承担责任。如果进入考评和民主推荐环节，本人同意将个人简历、奖励情况等向全院公开。  本人签名：  年 月 日 | | | | | |