**衡水卫生学校附属医院2019年选聘工作人员岗位报名表**

**报考岗位 ：**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | **性别** | |  | | **出生年月** |  | | | 照片 | |
| **民族** | |  | **政治面貌** | |  | | **户籍所在地** |  | | |
| **最高学历** | | |  | | | | **学位** |  | | |
| **身份证号码** | | |  | | | | **联系电话** |  | | | | |
| **职称** | | |  | | | | **邮箱** |  | | | | |
| **专 业 学 习 经 历** | **入学时间** | | | **毕业时间** | | **毕业院校及所学专业** | | | | **担任职务** | | |
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| **工 作 经 历** | **起止时间** | | | **工作单位** | | | | | **职称/职务** | | |
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| **其它** |  | | | | | | | | | | |

注：报考岗位填写“附件一”中“专业要求”栏中的内容