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**洛扎县人民医院聘用人员报名表**

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| **姓名** |  | | | | **性别** | | |  | **出生日期** | |  | | **照**  **片** | |
| **民族** |  | | | | **籍贯** | | |  | **政治面貌** | |  | |
| **学历学位** |  | | | | **毕业院校及专业** | | | |  | | | |
| **身份证号码** |  | | | | | | **健康状况** | |  | | **婚育状况** | |  | |
| **联系方式** |  | | | | | | **家庭住址** | |  | | | | | |
| **主要学习经历（高中写起）** | | | | | | | | | | | | | | |
| **起止时间** | | | | **学校名称** | | | | | | | | **专业** | | |
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| **主要工作（社会实践）经历** | | | | | | | | | | | | | | |
| **起止时间** | | | **单位名称** | | | | | | | **部门** | | | | **岗位或职务** |
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| **家庭主要成员** | | | | | | | | | | | | | | |
| **称谓** | | **姓名** | | | | **工作单位** | | | | | | | | **职务** |
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