**宁海县第一医院招聘编外人员报名登记表**

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| 姓名 | | |  | | | 性别 | |  | 民族 | |  | |  | | |
| 曾用名 | | |  | | | 出生  年月 | |  | 籍贯 | |  | |
| 入党（团）  时间 | | |  | | | 参加工作时间 | | |  | | | |
| 身高 | | |  | | | 体重 | | |  | | | |
| 文化程度 | | |  | | | 毕业院校  系及专业 | | |  | | | | | | |
| 电话 | | |  | | | 婚姻状况 | | |  | | | | | | |
| 应聘岗位 | | |  | | | | | | | | | | | | |
| 本  人  简  历 | 自何年何月 | | | 至何年何月 | | 在何地、何单位 | | | | 职业和职务 | | | | 证明人 | |
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| 奖惩情况 | |  | | | | | | | | | | | | | |
| 家庭主要成员、主  要社会关系政治面貌及现在何处 | | 称呼 | | | 姓名 | | 工作单位 | | | | | 政治面貌 | | |  |
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本人声明：上述填写的报名信息及提供的相关材料真实、准确，如有不实，本人愿承担一切法律责任。

报名人（签名）：

年 月 日