附件2

玉林市妇幼保健院2024年公开招聘专业技术人员报名表

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| 姓名 |  | | | 性别 | |  | 民族 | | |  | 出生日期 | |  | | 2寸证件照 | |
| 籍贯 |  | | | 婚否 | |  | 身高 | | |  | 政治面貌 | |  | |
| 参加工作时间 | | |  | | | | 工作年限 | | |  | 生育状况 | |  | |
| 各级职称及取得  时间 | | 初级 |  | | | | | | | | | | | |
| 中级 |  | | | | | | | | | | | |
| 高级 |  | | | | | | | | | | | |
| 应聘岗位 | |  | | | | | | | 手机号 | | |  | | |
| 教育经历（从高中填起，毕业时间需与毕业证相符） | | 学历 | | 毕业时间 | | | | 是否  全日制 | 学校 | | | | | | 专业 | |
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| 工作经历（从第一次工作经历开始连贯记录） | | 起止时间（连贯） | | | | | | 工作单位 | | | | | | 部门 | | 职务 |
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| 家庭成员（填写爱人及子女情况） | | 姓名 | | | 成员关系 | | | 工作单位 | | | | | | 部门 | | 职务 |
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| 科研成果、工作业绩 | |  | | | | | | | | | | | | | | |
| 获奖情况 | |  | | | | | | | | | | | | | | |
| 应聘者承诺  （必须手写签名） | | 本人保证填报的信息材料真实、准确、合法、有效，若填报失实，本人自愿承担全部责任。    签名：  年 月 日 | | | | | | | | | | | | | | |