黑石头镇卫生院聘用人员登记表

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| 姓 名 | |  | 性别 |  | | 出生年月 | |  | 照 片 |
| 学历 | |  | 婚否 |  | | 民 族 | |  |
| 专业 | |  | | 毕业学校 | |  | | |
| 健康状况 | |  | | 户籍所在地 | |  | | |
| 政治面貌 | |  | | 身份证号码 | |  | | | |
| 参加工作时间 | |  | | | | | | | |
| 联系电话 | |  | | | | | | | |
| 联系地址 | |  | | | | | | | |
| 简  历 | 起止时间 | | 学习/工作单位 | | | | | 专业/职位 | |
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| 家庭情况 | 姓名 | | 关系 | 年龄 | 文化程度 | | 现工作单位 | | |
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| 特别提示 | 1.本人承诺保证所填写资料真实。  2.保证遵守单位招聘有关规程和国家有关法规。 | | | | | | | | |