**广安门医院南区**

**编制外人员应聘 岗位简历表**

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| 姓名 |  | | 性别 |  | | | 出生日期（岁） | | |  | | 照片 | | | |
| 身份  证号 |  | | 民族 |  | | | 政治  面目 | | |  | |
| 婚姻  状况 |  | | 健康  状况 |  | | | 身高 | | |  | |
| 籍贯 |  | | 现户口所在地 |  | | | 参加工作时间 | | |  | |
| 原始  学历 |  | | 所学  专业 |  | | | 现学历 | | |  | | 所学专业 | | |  |
| 取得资格名称及时间 |  | | | | | | | | | | | | | | |
| 简历 | 起止年月 | | | 在何单位 | | | | | | | | 职称（职务） | | | |
| 学习简历（从高中、中专填起） |  | | |  | | | | | | | |  | | | |
| 工作  简历 |  | | |  | | | | | | | |  | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | |
| 家庭（社会）成员（主要包括父母、公婆、配偶、孩子、兄弟姐妹） | 关系 | 姓名 | | | 出生日期 | | | | 工作单位 | | | | | 职称（职务） | |
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| 通讯地址 |  | | | | | 邮政编码 | |  | | | 联系电话 | |  | | |
| 审核意见 |  | | | | | | | 审核人员 | | |  | | | | |