**邯郸市医疗保障局2021年博硕引才**

**报 名 表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性 别 | | |  | | 出生年月 | |  | | | | |  | 小2寸 照片 |
| 民 族 |  | | | | | 政治面貌 | | |  | | 身 高 | |  | | | | |  |
| 健康状况 |  | | | | | 籍 贯 | | |  | | | | | | | | |
| 现住址 |  | | | | | | | | | | | | | | | | |
| 应聘单位及岗位 | | | | | |  | | | | | | | | | | | | | |
| 学 历 |  | | | | | | | 专 业 | | | |  | | 毕业时间 | | | |  | |
| 毕业院校 |  | | | | | | | 学 位 | | | |  | | 取得时间 | | | |  | |
| 固定电话 |  | | | | | | | 身份证号 | | | |  | | | | | | | |
| 手 机 |  | | | | | | | E-mail | | | |  | | | | | | | |
| 资格证书 种类及专业 | | |  | | | | | | | | | | | | | | | | |
| 主 要 教 育 经 历（从高中开始填起） | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 学习院校 | | | | | | | | | | | | 专 业 | | | |
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| 主 要 社 会 实 践 经 历 | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 工作单位及部门 | | | | | | | | | | | 工作职责 | | | | |
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| 家庭成员及主要社会关系情况 | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 与本人关系 | | | | | 工作单位 | | | | | | | | | 职务 | | | |
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| 曾 获 何 种 奖 励 | | | | | | | | | | | | | | | | | | | |
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| 本 人 特 长 | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| 自 我 评 价 | | | | | | | | | | | | | | | | | | | |
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| 本人承诺：  以上信息真实、准确。如有虚假，本人愿意承担相应的责任。  本人签名(手写)： 日期： | | | | | | | | | | | | | | | | | | | |
| 初审  意见 | | | | | 审核人签字：  年 月 日 | | | | | 复审  意见 | | | | | | | 审核人签字：  年 月 日 | | |