枣庄市皮肤病性病防治院急需紧缺人才信息登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓 名** |  | | | | | | | **性别** | | |  | | | | **出生**  **年月** | | | |  | | | | | | **民族** | | | |  | | **近期**  **免冠**  **照片** | |
| **身份证号码** | | | | | |  | | | | | | | | | | | | | | **婚姻状况** | | | | | | |  | | | |
| **政治面貌** | | |  | | | | | | | | | **参加工作时间** | | | | | | | | | |  | | | | | | | | |
| **第一学历**  **及学位** |  | | | | | | | **毕业**  **时间** |  | | | | | **毕业**  **院校** | | | |  | | | | | | **所学**  **专业** | | | |  | | | **培养**  **方式** |  |
| **最高学历**  **及学位** |  | | | | | | | **毕业**  **时间** |  | | | | | **毕业**  **院校** | | | |  | | | | | | **所学**  **专业** | | | |  | | | **培养**  **方式** |  |
| **职 称** |  | | | | | | | **任职**  **时间** |  | | | | | | | **聘任**  **时间** | | | | |  | | | | | **曾担任**  **行政职务** | | | | |  | |
| **家庭地址**  **（户籍所在地）** | | | | |  | | | | | | | | | | | | | | | | | | **移动电话** | | | | | | |  | | |
| **所取得从业资格证名称** | | | |  | | | | | | **取得**  **时间** | | |  | | | | | | | | **从业资格证书**  **编号** | | | | | | | | |  | | |
| **家庭**  **主要成员** | | **称谓** | | | | | **姓 名** | | | **政治面貌** | | | | | | | **工作单位、职务** | | | | | | | | | | | | | | | |
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| **学习**  **工作**  **经历** | | **起止时间** | | | | | | | | **学习或工作单位** | | | | | | | | | | | | | | | | | | | | **科室及从事工作** | | |
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| **备注** | | **本人承诺：以上填写内容及本人提供的所有申报材料，经本人认真核实，保证所提供的个人信息、相关材料、证件真实、准确、完整，对因提供有关信息、材料、证件不真实或违反有关纪律规定所造成的后果，本人自愿承担相应的责任,并取消录用资格。**  **承诺人签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |