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| **附件2：**  **宁都县人民医院面向社会公开招聘卫技人员报名表** | | | | | | | | | | | |
| 姓名 |  | 身份证号码 | |  | | | | | | | 照片 |
| 性别 |  | 政治面貌 | |  | | 第一学历 | |  | | |
| 毕业院校及专业 |  | | | | | 毕业时间 | |  | | |
| 职称 |  | | | 户口所在地 | |  | | | | |
| 现工作单位 |  | | | | | 手机号码  （必填） | | |  | | |
| 家庭地址 |  | | | | | 联系电话  （必填） | | |  | | |
| 报考岗位 |  | | | | | | | | | | |
| 工作学习简历 |  | | | | | | | | | | |
| 家庭成员 | 称谓 | | 姓名 | | 政治面貌 | | 工作单位及职务 | | | | |
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| 兴趣爱好 |  | | | | | | 是否应届历届 | | | □应届  □历届 | |