附件

北京急救中心派遣制急救人员应聘登记表

报考岗位： 填表时间： 年 月 日

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| 姓名 | | |  | | | | 出生日期 | | |  | | | | 照片 | |
| 性别 | | |  | | 政治面貌 | |  | | | 民族 |  | | |
| 身份证  号码 | | |  | | | | | | 身高/体重 | |  | | |
| 有无执业医师/护士资格/驾照等级 | | |  | | | | | | 身体状况 | |  | | |
| 统招全日制学历毕业院校 | | |  | | | | | | 联系电话 | |  | | | | |
| 最高学历  毕业院校 | | |  | | | | | | 电子邮箱 | |  | | | | |
| 户口所在地地址 | | |  | | | | | | | | | | | | |
| 家庭常住地址 | | |  | | | | | | | | | | | | |
| 学习简历  （从初中  写起） | | | 起止时间 | | | | 学校名称 | | | | | | 专业 | | |
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| 工作简历 | | | 起止时间 | | | | 单位及岗位名称 | | | | | | 从事工作 | | |
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| 家庭情况  （包括父母、爱人、子女、兄弟姐妹） | 姓名 | | 关系 | | 年龄 | | 文化程度 | | | | 工作单位、职务 | | |
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| 其他需要说明的情况： | | | | | | | | | | | | | |