附件一：

—**云岩区第二人民医院**—

**核酸采集人员应聘登记表**

应聘日期：

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| 姓名 |  | | | 性别 | |  | | | 出生年月 | | |  | | 照片 | | | |
| 籍贯 |  | | | 民族 | |  | | | 政治面貌 | | |  | |
| 身份证号 |  | | | | | | | | 婚姻状况 | | |  | |
| 健康状况 |  | | | | | 联系电话 | | |  | | | | |
| 教育经历（从高中开始填写） | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 就读学校 | | | | | | 专业 | | | | | | 学历 | |
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| **培训经历** | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 培训机构 | | | | 培训内容 | | | | 技术职称 | | | | 获得证书 | | |
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| **家庭成员** | | | | | | | | | | | | | | | | | |
| 姓名 | | 与本人关系 | | | 出生年月 | | | 工作单位 | | | | | 职务 | | | | 联系电话 |
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| **工作经历及主要工作业绩**  **（正式参加工作之日起算）** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **声明(以下内容请仔细阅读)：**  **本人所提供的上述信息及报名资料真实，如有任何虚报，本人将承担一切后果。**    本人签字 2022年 月 日 | | | | | | | | | | | | | | | | | |