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| **基本情况** | 姓 名 | |  | | | | | | | | | 性别 | | | | |  | | | | | | 婚姻状况 | | | |  | | | | | | （贴照片处） | |
| 民 族 | |  | | | 出生年月 | | | | | | |  | | | | | | | | | | 政治面貌 | | | |  | | | | | |
| 身份证号 | |  |  |  | |  | | |  |  | | |  | |  | |  |  | | |  | |  |  |  | |  |  | |  |  |
| **报名情况** | 报考岗位 | |  | | | | | | | | | | | | | | | | | | 岗位代码 | | | | | |  | | | | | |
| 报考单位 | |  | | | | | | | | | | | | | | | | | | 是否服从调配 | | | | | | | | |  | | | | |
| 现 住 址 | |  | | | | | | | | | | | | | | | | | | 户籍所在地 | | | | | | | | |  | | | | |
| **教育情况** | 第一学历 | |  | | | | | 毕业院校 | | | | | | |  | | | | | | | | | | | | | | | 毕业专业 | | | |  |
| 最高学历 | |  | | | | | 毕业院校 | | | | | | |  | | | | | | | | | | | | | | | 毕业专业 | | | |  |
| 外语水平 | |  | | | | | | | | | | | | | | | | | | 计算机水平 | | | | | | | | |  | | | | |
| **职称情况** | 是否取得执业资格：是（ ）否（ ） | | | | | | | | | | | | | | | | | | | | 执业类别： | | | | | | | | | | | | | |
| 职称等级： 职称类别： | | | | | | | | | | | | | | | | | | | 是否取得住院（全科）医师规范化培训合格证：是（ ）否（ ） | | | | | | | | | | | | | | |
| **学习工作简历** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭情况（配偶、子女、父母）** | 称 谓 | 姓 名 | | | | | | | 工 作 单 位 及 职 务 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **奖惩情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他信息** | 通讯地址 | |  | | | | | | | | | | | | | | | | | | 联系电话 | | | | | | | | |  | | | | |
| 原工作单位 | |  | | | | | | | | | | | | | | | | | | 参加工作时间 | | | | | | | | |  | | | | |
| **报考承诺** | 本人郑重承诺：1、真实、准确填报个人有关信息并提供证明、证件等相关材料；  2、服从考试安排，遵守考试纪律，不舞弊或协助他人舞弊。  对违反以上承诺所造成的后果，本人自愿承担相应责任。  报考人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **审查意见** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

2020年无锡高新区（新吴区）医疗卫生事业单位公开招聘编外工作人员报名表