附件2

漳州高新区卫生系统劳务派遣应聘人员报名表

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| 姓名 | |  | | | | 性别 | |  | | 身高 | | | | cm | | 出生年月 | | |  | | | 一寸  近期  免冠  彩照 | |
| 最高学历 | |  | | | | 工作年限 | |  | | 体重 | | | | kg | | 户籍地 | | |  | | |
| 毕业院校 | |  | | | | 婚姻状况 | |  | | | 身份证号码 | | | | |  | | | | | |
| 所学专业 | |  | | | | 生育状况 | |  | | | 手机号码 | | | | |  | | | | | |
| 学位 | |  | | | | 职称 | |  | | | 职称专业 | | | | |  | | | | | |
| 现住址 | |  | | | | | | | | | 现供职单位 | | | | | 职位（职务）： | | | | | | | |
| 常用EMAIL | | | | |  | | | | | | | |
| 政治面貌 | |  | | | 应聘岗位 | |  | | | | | | | | | | | | | | | | |
| **教育情况** | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | 学校 | | | | | | 专业 | | | | | | 全日制教育类型（本一、本二、其他） | | | | | | | | 在职教育 |
| 年 月- 年 月 | | |  | | | | | |  | | | | | |  | | | | | | | |  |
| 年 月- 年 月 | | |  | | | | | |  | | | | | |  | | | | | | | |  |
| 年 月- 年 月 | | |  | | | | | |  | | | | | |  | | | | | | | |  |
| 年 月- 年 月 | | |  | | | | | |  | | | | | |  | | | | | | | |  |
| **工作简历** | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | 工作单位及部门 | | | | | | 职位 | | | | 薪酬 | | | | 离职原因 | | | 奖惩情况 | | | |
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| **职业培训经历** | | | | | | | | | | | | | | | | | | | | | | | |
| 培训内容 | | | 时间 | | | | | | 所获证书 | | | | | | | | | 培训方式 | | | 说明 | | |
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| **个人能力简述** | | | | | | | | | | | | | | | | | | | | | | | |
| （请尽量翔实陈述能够突出您符合所应聘岗位的能力、特长和竞争优势，避免遗漏重要信息） | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭成员及社会关系** | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 与本人  关系 | | | 工作单位及职务 | | | | | | | | 住址 | | | | | | | | | 联系电话 | | |
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| **其它相关信息** | | | | | | | | | | | | | | | | | | | | | | | |
| 是否有亲属在漳州高新区管委会工作，如有，请写明姓名、亲属关系、部门及职务；如没有，请填“否”。 | | | | | | | | | | | |  | | | | | | | | | | | |
| 是否与目前任职公司有服务期、竞业限制等约定，如有，请说明；如没有，请填写“否”。 | | | | | | | | | | | |  | | | | | | | | | | | |
| 是否患重大疾病或家族遗传病史，如有，请详细告知；如没有，请填写“否”。 | | | | | | | | | | | |  | | | | | | | | | | | |
| **本人承诺** | | | | | | | | | | | | | | | | | | | | | | | |
| 以上所述内容无虚假。如有虚报或瞒报，本人愿意接受被无条件解雇及承担其它一切后果。  应聘人：日期： | | | | | | | | | | | | | | | | | | | | | | | |
| 复核  意见 | 复核人签名：  年 月 日 | | | | | | | | | | | 监督  意见 | | | | 监督人签名：  年 月 日 | | | | | | | |