附件2

**中国健康教育中心应届毕业生应聘登记表**

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| **应聘岗位：** | | | | | | | | | | |
| **基本情况** | | | | | | | | | | |
| 姓名 |  | 性别 |  | | 出生年月 | | |  | 照片 | |
| 民族 |  | 籍贯 |  | | 生源地 | | |  |
| 政治面貌 |  | 婚否 |  | | 健康状况 | | |  |
| 身份证号 | |  | | | | | | |
| 联系电话 | |  | | | | | | |
| 毕业院校、专业 | |  | | | | | | | | |
| 主修课程  （只填最高学历的主修课程） | |  | | | | | | | | |
| 计算机水平 | |  | | | | | | | | |
| 外语水平 | |  | | | | | | | | |
| 家庭成员 | | 姓名 | | 关系 | | 年龄 | 所在单位、部门及联系方式 | | | 职务 |
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| **教育经历（高中及以上经历）** | | | | | | | | | | |
| 起止时间 | | 院校名称及专业 | | | | | | 所获学历及学位 | | 证明人 |
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| **工作（实习）经历** | | | | | | | | | | |
| 起止时间 | | 工作（实习）单位及主要工作职责及业绩 | | | | | | | | |
|  | |  | | | | | | | | |
| **所获奖励或荣誉** | | | | | | | | | | |
| 时间 | | 所获奖励或荣誉名称及授予单位 | | | | | | | | |
|  | |  | | | | | | | | |
| **自我评价** | | | | | | | | | | |
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注：上述内容请填写完备，包括照片，不要随意改变格式。