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| **成都市郫都区卫生系统2019年公开引进医疗卫生人才报名表**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 姓    名 |   | 性   别 |   | 照片  |
| 政治面貌 |   | 民   族 |   |
| 出生年月 |   | 健康状况 |   |
| 户籍所在地 |   | 联系电话 |   |
| 毕业时间、院校、专业 | 全日制教育 |   |
| 继续教育 |   |
| 参加工作　时间 |   | 现有职称 |   | 从事　　专业 |   |
| 现工作单位及职务 |   | 是否正式事业在编人员 |   |
| 意向单位 |   | 是否服从调配 |   |
| 本人简历 |         |
| 奖惩情况 |   |
| 配偶情况 | 姓  名 |   | 年 龄 |   | 文化程度 |   |
| 工作单位 |   |

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