**大冶市妇幼保健院 2016 年公开考核招聘工作人员信息表**

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| **报名序号：** |  |  |  |  | **报名时间：** |
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| **姓名** |  | **性别** |  |  | **出生年月** |  |  |
|  |  |  |  |  |  |  |  |
| **出生地** |  | **民族** |  |  | **政治面貌** |  |  |
|  |  |  |  |  |  |  |  |
| **最高学历** |  | **所学专业** |  |  | **毕业时间** |  |  |
|  |  |  |  |  |  |  | **照片** |
| **毕业院校** |  |  |  |  | **学位** |  |
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| **考生类型** |  | **学习类别** |  |  | **婚姻状况** |  |  |
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| **身高** |  | **体重** |  |  | **健康状况** |  |  |
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| **证件号** |  |  |  |  | **（应届毕业** |  |  |
|  |  |  |  | **生填入学前** |  |  |
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| **工作单位** |  |  |  | **参加工** |  | **联系电话** |  |
|  |  |  | **作时间** |  |  |
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| **个人简历** |  |  |  |  |  |  |  |
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| **获得过何** |  |  |  |  |  |  |  |
| **种专业证** |  |  |  |  |  |  |  |
| **书，有何专** |  |  |  |  |  |  |  |
| **长** |  |  |  |  |  |  |  |
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| **家庭主要** |  |  |  |  |  |  |  |
| **成员及工** |  |  |  |  |  |  |  |
| **作单位和** |  |  |  |  |  |  |  |
| **职务** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **所受奖惩** |  |  |  |  |  |  |  |
| **情况** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **资格审核** |  |  |  |  |  |  |  |
| **结果及意** |  |  |  |  |  |  |  |
| **见** |  |  |  |  |  |  |  |
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