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| 姓 名 | |  | 性别 | | |  | | 民族 |  | | 政治面貌 | | |  | | 照  片 | |
| 出生年月 | |  | 参加  工作时间 | | | | |  | | | 籍贯 | | |  | |
| 户口所在地 | |  | | | 证件号码 | | | |  | | | | | 证件  类型 |  |
| 健康状况 | |  | | 视力 | | |  | | 身高 | | |  | | 体重 |  |
| 最后学历毕业学校 | | |  | | | | | | | | | | 所学专业 | |  | | |
| 最后学历 | |  | | | | | 取得时间 | | | |  | | | | 婚姻状况 |  | |
| 最高学位 | |  | | | | | 应聘岗位名称 | | | |  | | | | | | |
| 现工作单位及职务 | | |  | | | | | | | | 熟悉何种专业技术 | | | |  | | |
|  | | | | | | | | 及有何特长 | | | |
| 通信地址及邮编 | | |  | | | | | | | | | 联系电话 | | |  | | |
|  | | | | | | | | |
| 学  习  经  历 | 起止时间 | | | | | | | | | 学校 | | | | 所学专业 | | 学习形式 | |
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| 应聘 | 本人保证上述所填信息真实无误，如因填写有误或不实而造成的后果，均由本人负责。 | | | | | | | | | | | | | | | | |
| 人员 |  | | | | | | | | | | | | | | | | |
| 签名 |  | | | | | | | | | | | | | | 签名： | |  |
| 备注 | 需本人亲笔签字并贴一寸正面免冠彩照。 | | | | | | | | | | | | | | | | |

福建中医药大学招聘工作人员报名登记表