**应聘人员信息登记表**

填表时间：　　　 年 月 日　　　　　　　　　　　　　　　　　No

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓  名 | | 现　名 | | |  | | 性别 |  | | 民族 | |  | | | 照片 |
| 婚姻状况 | | |  | | 政治面貌 | |  | | | | | |
| 出生年月 | | | | |  | | 参加工作时间 | |  | | | | | |
| 职称 | | | | |  | | 职称获取时间 | |  | | | | | |
| 医师资格获取时间 | | |  | | | | 学  历 | 第一学历 | | |  | | 专业 | |  |
| 电话号码 | | |  | | | | 毕业学校及时间 | | | |  | | | |
| 籍贯 | 原　籍 | | |  | | | 最高学历 | | |  | | | 专业 |  |
| 出生地 | | |  | | | 毕业学校及时间 | | | |  | | | |
| **工作履历（从高中开始）** | | | | | | | | | | | | | | | |
| 年月  年月 | | | | | | 工 作 单 位 及 职 务 | | | | | | | | | |
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| 自我评价 | | | | | |  | | | | | | | | | |