附件:

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| 2020年永宁县乡镇卫生院招聘（临聘）卫生专业技术人员报名表 | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | 性 别 | |  | | | 出生年月（岁） | | | | |  | | （照片） | | |
| 民 族 |  | | | 户籍所在地 | | | | |  | | | | |  | |
| 政治  面貌 |  | | | 参加工作时间 | |  | | | 健康状况 | | | | |  | |
| 联系电话 |  | | | | | 技术职称 | | | |  | | | | | |
| 学历  学位 | 全日制学历 | |  | | 毕业院校 | |  | | | | 专业 | | | |  | 毕业时间 |  | |
| 在职  学历 | |  | | 毕业院校 | |  | | | | 专业 | | | |  | 毕业时间 |  | |
| 个人  简历 | |  | | | | | | | | | | | | | | | | |
| 家庭成员及  主要社会关系  历史表现情况 | | | | 姓名 | | | | 与本人  关系 | | | | 工作单位  及职务 | | | | | | 联系  电话 |
|  | | | |  | | | |  | | | | | |  |
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