附件2

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| 上饶市医疗投资集团有限公司人才招聘报名表 | | | | | | | |
| 应 聘 岗 位 | |  | | | | | |
| 姓 名 |  | 身份证号 | |  | | | 照片 |
| 性 别 |  | 政治面貌 | |  | 出生年月 |  |
| 民 族 |  | 参加  工作时间 | |  | 籍 贯 |  |
| 婚姻状况 |  | | | | 健康状况 |  |
| 户籍所在地 | | |  | | | | |
| 全日制学历、学位 | | |  | | | | |
| 最高学历、学位 | | |  | | | | |
| 获得的从业资格证书 | | |  | | | | |
| 个人学习、工作简历 | | | | | | | |
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| 家庭成员及主要社会关系 | | | | | | | |
| 称 谓 | 姓 名 | | 工 作 单 位 | | | | 任 何 职 务 |
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| 兴趣爱好 | | | | | | | |
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| 自我评价及参与应聘的理由 | | | | | | | |
|  | | | | | | | |
| 通讯地址 | |  | | | | 邮 编 |  |
| 手 机 | |  | | Email |  | 联系  电话 |  |
| 申明：本人保证以上所填信息情况属实，如有隐瞒或违规行为，愿承担相应责任和后果。  签名：\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |