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| **福建中医药大学国医堂门诊部应聘人员报名表** | | | | | | | | | | | | | | | | | | | | |
| **2025年招聘编外工作人员方案（一）应聘岗位** | | | | | | | | | | |  | | | | | | | | | |
| 姓 名 | | |  | | 性 别 | | |  | 民 族 | | | | |  | | | 一  寸  彩  照 | | | |
| 出生年月 | | |  | | 籍 贯 | | |  | 婚姻状况 | | | | |  | | |
| 政治面貌 | | |  | | 外语水平 | | |  | 计算机水平 | | | | |  | | |
| 最高学历 | | |  | | 最高学位 | | |  | 毕业时间 | | | | |  | | |
| 毕业学校 | | |  | | | | | 专 业 |  | | | | | | | |
| 身份证号码 | | | |  | | | | | 身 高 | | |  | | | | 特 长 | | |  | |
| 联系电话  **（非常重要）** | | | |  | | | | | 联系地址 | | | | |  | | | | | | |
| 硕士导师姓名 | | | |  | | | | | 导师单位 | | | | |  | | | | | | |
| 博士导师姓名 | | | |  | | | | | 导师单位 | | | | |  | | | | | | |
| 取得何种专业技术资格证书 | | | | 证书名称：  取得时间： | | | | | | | | | | 是否具有规培证 | | | | 🞎是 🞎否 | | |
| 学习经历 | 经 历 | | | 起止年月 | | | 院校名称 | | | 所学专业 | | | | | 研究方向 | | | | | 学位 |
| 高中（中专） | | |  | | |  | | |  | | | | | / | | | | | / |
| 大专 | | |  | | |  | | |  | | | | | / | | | | | / |
| 本科 | | |  | | |  | | |  | | | | | / | | | | |  |
| 硕士 | | |  | | |  | | |  | | | | |  | | | | |  |
| 博士 | | |  | | |  | | |  | | | | |  | | | | |  |
| 实习工作经历 | 起止年月 | | | | | 实习、工作、培训单位 | | | | | | | | | 岗 位 | | | | | |
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|  | | | | |  | | | | | | | | |  | | | | | |
| 家庭情况 | 姓名 | | | 关系 | | | 工作单位 | | | | | | 住址 | | | | | | | |
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| 奖惩情况或业绩 | |  | | | | | | | | | | | | | | | | | | |
| 本人保证以上所填资料真实准确，如有违事实，愿意取消报名、聘用资格。  填写人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | |