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| 成都市郫都区2021年公开考核招聘基层卫生类工作人员报名表   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓 名 |  | 性 别 |  | 民族 | |  | 政治面貌 |  | 照片 | | 出生年月 |  | 原工作  单位 |  | | | | | | | 现聘职称 |  | 专业 |  | | | | | | | 手机号码 |  | 身份证号码 | |  | | | | | | 毕业学校及专业 |  | | | | | | | | | | 学  位 |  | | | | 是否服从统筹安排 | | | |  | | 家庭  详细地址 |  | | | | | | | | | | 简历 |  | | | | | | | | | | 特长 |  | | | | | | | | | | 奖惩  情况 |  | | | | | | | | | | 初审意见  （盖章） | 区卫健局审核人\_\_\_\_\_\_  （盖章） | | | | | | | | | |