**中日友好医院临床高层次人才应聘报名表**

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| **姓名** |  | **性别** | |  | | **出生年月** |  | | **（证件照片）** |
| **政治**  **面貌** |  | **参加工作时间** | |  | | **健康状况** |  | |
| **身份证号码** | |  | | | | | | |
| **现任专业技术**  **职务(职称)** | |  | | | | **聘任时间** |  | | |
| **学 历**  **学 位** | **全日制**  **教 育** |  | | | | **毕业院校系及专业** |  | | |
| **在 职**  **教 育** |  | | | | **毕业院校系及专业** |  | | |
| **现工作单位及职务** | |  | | | | | | | |
| **学会任职情况** | |  | | | | | | | |
| **邮箱** | |  | | | | **联系电话** |  | | |
| **教育经历（自高中开始）** | **起止年月** | | | | **学校** | | | **专业** | |
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| **工作**  **经历** | **起止年月** | | | | **工作单位及部门** | | | **职务** | |
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| **本人**  **声明** | **本人承诺，以上所有信息及所附资料均真实、准确，如有虚报或隐瞒，一切后果由本人承担。**  **签 名：**  **日 期：** | | | | | | | | |