福建中医药大学国医堂门诊部应聘人员登记表

应聘岗位：　　 　 填表时间：

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| 姓 名 | |  | 性 别 | | |  | | 民　　族 | | | | |  | 出生年月 | | | | | 年　月　日 | | | | | 照  片 |
| 籍　　贯 | |  | 婚姻状况 | | |  | | 文化程度 | | | | |  | | | 政治面貌 | | | | |  | | |
| 健康状况 | |  | 现有职称 | | |  | | | | | 身份证号码 | | |  | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | 邮 编 | | |  | | | | | 联系电话 |  | | |
| 家庭地址 | |  | | | | | | | | | | | 紧急联系人  （姓名、电话） | | | |  | | | | | | | |
| 学  习  经  历  （自高中起填写） | 起止年月 | | | 学校名称 | | | | | | | | 专　　　业 | | | | | | | | | | | 学习情况 | |
|  | | |  | | | | | | | |  | | | | | | | | | | | 毕业□肆业□ | |
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|  | | |  | | | | | | | |  | | | | | | | | | | | 毕业□在读□ | |
| 家  庭  成  员 | 姓　　名 | | | 与本人关系 | | | 年　龄 | | 工 作 单 位 | | | | | | | | | 职　　务 | | | | | 电　　话 | |
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| 入  职  前  工  作  经  历 | 起止时间 | | | | 工作单位 | | | | | 职　　务 | | | | | 月　　薪 | | | | | 离职原因 | | | | |
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| 起止时间 | | | | 工作单位 | | | | | 职　　务 | | | | | 月　　薪 | | | | | 离职原因 | | | | |
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| 起止时间 | | | | 工作单位 | | | | | 职　　务 | | | | | 月　　薪 | | | | | 离职原因 | | | | |
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| 起止时间 | | | | 工作单位 | | | | | 职　　务 | | | | | 月　　薪 | | | | | 离职原因 | | | | |
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本人所填以上情况属实，若有虚假，本人愿承担相应责任。

员工签名：