**景德镇市第五人民医院应聘人员履历表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | | | | | | 性别 | | | |  | | | 年龄 | | | | | | |  | | 民族 | | | | |  | 2寸  照 | | | | | |
| 籍贯 | |  | | | | | | | | 政治面貌 | | | | | | | |  | | | | | | | 婚姻状况 | | | | |  | |
| 身体状况 | | |  | | | | | 身高 | | | |  | | | | | 体重 | | | | | |  | | | | 血型 | | |  | |
| 户籍所在地 | | | | | |  | | | | | | | | | | | | | | 出生年月 | | | | | | |  | | | | |
| 身份证号 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学位 | |  | | | | | 外语水平 | | | | | |  | | | | | | 取得何资质 | | | | | | | |  | | | | |
| 第一学历 | | |  | | | | | | 毕业时间 | | | | | |  | | | | | | 毕业学校 | | | | | | |  | | | | | | 专业方向 | | |  |
| 最高学历 | | |  | | | | | | 毕业时间 | | | | | |  | | | | | | 毕业学校 | | | | | | |  | | | | | | 专业方向 | | |  |
| 应聘岗位 | | |  | | | | | | | | | | | | | | | | | | | 个人特长 | | | | | | |  | | | | | | | | |
| 家庭住址 | | | | |  | | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | 电子邮箱 | | | | |  | |
| **主要经历** | 毕业学校（以高中为界） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 担任职务 | | |
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| **家庭成员情况** | 称谓 | | | 姓 名 | | | | | | | 职 业 | | | | | 服 务 单 位 | | | | | | | | | | | | | | | | | 联 系 电 话 | | | | |
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填表人（签名） 填表时间：