**中国非公立医疗机构协会应聘申请表**

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| 应聘部门 |  | | | 应聘职位 | |  | | | | | 微信图片_20180122161943近期一寸照片 |
| 姓 名 |  | | 性 别 |  | | 出生年月日 | | | |  |
| 政治面貌 |  | | 民 族 |  | | 职 称 | | | |  |
| 身份证号 |  | | | | | 婚姻状况 | | | |  |
| 手机号码 |  | | | 微 信 | | |  | | | |
| 邮 箱 |  | | | 文化程度 | | |  | | | |
| 户籍地址 | |  | | | | | | | | | |
| 现在住址 | |  | | | | | | | | | |
| **主要教育经历**（本科及以上） | | | | | | | | | | | |
| 学校名称 | | | 专业 | | | | | | 毕业时间 | | 取得学位证书 |
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| **主要培训经历及相关证书** | | | | | | | | | | | |
| 培训时间 | | | 培训机构名称 | | 培训内容 | | | | | | 所获证书 |
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| **主要工作经历** | | | | | | | | | | | |
| 起止时间 | | | 单位名称 | | | | | 任职部门及职务 | | | 离职原因 |
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| 本人奖励  情况 |  | | | | | | | | | | |
|
| 需要说明  的问题 |  | | | | | | | | | | |
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申请人签名： 填写日期：