**皖西学院校医院收款员岗位劳务派遣人员选推报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | 性别 |  | | 民族 | |  | | 出生年月 | | |  | | | （照片） |
| 政治面貌 |  | | | 学历  学位 | |  | | | | 职称 | | |  | | |
| 毕业学校 |  | | | 毕业  时间 | |  | 所学专业 | | |  | | | | | |
| 取得执业资格时间 |  | | | 执业类别 | |  | 证书编号 | | |  | | | | | |
| 现注册单位名称 |  | | | 执业范围 | |  | 证书编号 | | |  | | | | | | |
| 婚否 |  | | | 身份证号 | |  | | | | | 联系电话 | | | |  | |
| 应聘岗位 | |  | | | | | | | | | | | | | | |
| 本人通讯地址 | |  | | | | | | | | | | 邮政编码 | | |  | |
| E-mail | |  | | | | | | | | | | | | | | |
| 教  育  经  历 | | 自何年月 | | | 至何年月 | | | | 所在学校 | | | | | 专业/学历 | | |
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| 工  作  经  历 | | 自何年月 | | | 至何年月 | | | | 所在单位 | | | | | 担任职务 | | |
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| 获  奖  情  况 | |  | | | | | | | | | | | | | | |
| 其他  证书  或  业绩  情况 | |  | | | | | | | | | | | | | | |