附件1

湖北航天医院招（竞）聘人员登记表

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| **基本信息：** | | | | | | | | | | | | | |
| 姓名 |  | | 性别 | |  | | 出生年月 | |  | | | | （免冠电子照片） |
| 籍贯 |  | | 年龄 | |  | | 民 族 | |  | | | |
| 政治面貌 | |  | | | | | 婚育状况 | |  | | | |
| 外语种类 | |  | | | | | 外语水平 | |  | | | |
| 户口所在地 | |  | | | | | 职称情况 | |  | | | |
| 当前居住地 | |  | | | | | 身份证号 | |  | | | |
| 健康状况 | |  | | 有无重大疾病、精神疾病、传染病及家族遗传病史 | | | | |  | | | | |
| 手机 | |  | | 应急电话 | | |  | | 邮箱 | |  | | |
| 竞聘岗位 | |  | | | | | | | | | | | |
| **教育背景（从高中开始）：** | | | | | | | | | | | | | |
| 起止时间 | | | 学校名称 | | | | 专 业 | | 学历/学位 | | | 全日制/在职 | |
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| **工作经历：** | | | | | | | | | | | | | |
| 起止时间 | | | 单位（名称） | | | | 职 务 | | 薪资水平  （可不填） | | | 证明人及电话 | |
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| **主要工作内容及业绩描述：** | | | | | | | | | | | | | |
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| **奖惩情况：** | | | | | | | | | | | | | |
| 时间 | | | 名称 | | | | 描述 | | | | | | |
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| **培训情况：** | | | | | | | | | | | | | |
| 时间 | | | 培训名称 | | | | 获得证书及描述 | | | | | | |
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| **专业特长及兴趣爱好：** | | | | | | | | | | | | | |
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| **家庭成员及社会关系：** | | | | | | | | | | | | | |
| 关系 | | | 姓名 | | | 出生年月 | | 政治面貌 | | 工作单位及职务 | | | |
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| 本人在此声明在此表内所提供的一切资料信息均属实且正确，如录用后一经发现有伪造或蓄意隐瞒事实等情形，本人愿接受单位无赔偿立即解雇处分。  本人签字： 日期： | | | | | | | | | | | | | |

注：登记表请尽量控制在2页以内。