附件1：

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| **歙县人民医院医疗设备维保技术人员招聘报名表** | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性  别 | |  | | 出生年月 |  | | | | | 籍  贯 | | | |  | | |
| 学历学位 |  | | 毕业学校  及时间 | | | |  | | | | | | 所学  专业 | | | |  | | | |
| 已取得的专业技术资格名称及取得时间 | | | |  | | | | | | | 发证  机构 | | | |  | | | | | |
| 身份  证号 | |  | | | | | | | | 联系  电话 | | | |  | | | | | | |
| 家庭  住址 | |  | | | | | | | 婚姻状况 | | |  | | | | 净身高（cm） | | | |  |
| 学习  工作  简历 | | 年 月至 年 月 | | | 在何单位（校）从事何工作（学习） | | | | | | | | | | | | | | 担任职务 | |
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| 奖励  情况 | | 何年何月获何种奖励 | | | | | | | | | | | | | | | | | | |
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| 其他需要说明的问题 | |  | | | | | | | | | | | | | | | | | | |

注：此报名表发送至电子邮箱：[sxrmyyrlzyb@163.com](mailto:ahsxrmyy@163.com%20)