附件2：

**上海市医院协会副秘书长应聘报名表**

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| --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **民族** |  | 照片 |
| **出生年月** |  | **政治面貌** |  | **户籍** |  |
| **所学专业1** |  | **最高学历** |  | **最高学位** |  |
| **所学专业2** | 如有，可填 | **婚姻状况** |  | **子女状况** |  |
| **工作单位** |  | **部门** |  | **职务、职称** |  | |
| **毕业院校1** |  | | | **毕业院校2** | 如有，可填 | |
| **现居住地** |  | | | **联系电话** | 手机号 | |
| **主要学习经历(从高中开始，不够可加行)** | | | | | | |
| **时 间** | **学 校** | **专 业** | | | | |
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| **主要工作经历（不间断，不够可加行）** | | | | | | |
| **时 间** | **单 位** | **职 务** | | | | |
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| **奖励或处罚情况（如实填写，不够可加行）** | | | | | | |
| **时 间** | **授予单位** | **奖励或处罚** | | | | |
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| **自我描述（300字以内）** | | | | | | |