附件

北京市医林医疗科技开发有限责任公司总经理公开选聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | 性别 | | |  | | | | | | 出生年月 | | | | 年 月  （ 岁） | | | | |  | | | | |
| 民族 | |  | 籍贯 | | |  | | | | | | 出生地 | | | |  | | | | |
| 政治  面貌 | |  | 入党  时间 | | |  | | | | | | 参加工作时间 | | | |  | | | | |
| 专业技术职称 | |  | | | | | | | | | | 健康状况 | | | |  | | | | |
| 学 历  学 位 | | 全日制  教 育 |  | | | | | | | | | 毕业院校  系及专业 | | | |  | | | | | | | | | |
| 在 职  教 育 |  | | | | | | | | | 毕业院校  系及专业 | | | |  | | | | | | | | | |
| 工作单位  与现任职务 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号 | | |  |  |  | |  | |  |  |  | |  |  |  | |  |  |  |  | |  |  |  |  |
| 本人  联系  方式 | 手机 | |  | | | | | | | | | 办公电话 | | | |  | | | | | | | | | |
| 邮箱 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 住址 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 意向性岗位 | | | 1、 2、 | | | | | | | | | | | | | | | | | | | | | | |
| 教育  经历 | 自何年何月 | | 至何年何月 | | | | | 毕业院校 | | | | | | | | 所学专业 | | | | | 学历学位 | | | | |
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| 工作  简历 | 自何年何月 | 至何年何月 | | 工作单位及部门 | | 职务 |
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| 奖惩  情况 | 何年何月 | 奖励（或处分）名称 | | | | 颁布单位 |
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| 近三年该领域创收业绩情况（万元） | | | | | | |
| 2019年： | | | 2021年： | | 2022年： | |

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| 家  庭  主  要  成  员  及  重  要  社  会  关  系 | 称谓 | 姓名 | 出生  年月 | 政治  面貌 | 国籍 | 工作单位及职务 |
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| 个  人  承  诺 | 我承诺本报名表所填内容及所提供资料全部真实，如有弄虚作假，由我本人承担责任。如果通过选拔，服从医林公司安排的工作岗位。  本人签名：  年 月 日 | | | | | |