**個人簡歷**

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| 基本資料 | | | | | | | | | |
| 姓名： | | | 性別：□男 □女 | | | | 照片黏貼處  (正面清晰照) | | |
| 身分證字號： | | | 出生日期： | | | |
| 婚姻狀況：  □已婚 □未婚 □其他 | | | 市話: | | | |
| 手機： | | | |
| 居住地址: | | | | | | |
| 電子信箱： | | | | | | |
| 學歷(大專以上) | | | | | | | | | |
| 學校名稱 | | | 科系/所 | | | 修業情形 | | | 修業起訖 |
|  | | |  | | | □畢業□肄業  □應屆畢業生 | | |  |
|  | | |  | | | □畢業□肄業  □應屆畢業生 | | |  |
|  | | |  | | | □畢業□肄業  □應屆畢業生 | | |  |
| 現職(任) | | | | | | | | | |
| 機構 | | | 單位 | | 職稱 | 起聘年月 | | | 年資 |
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| 經歷背景 | | | | | | | | | |
| 醫護專業經歷 | 機構 | | 單位 | | 職稱 | 起聘年月 | | | 年資 |
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| 醫護專業訓練 | 訓練課程名稱 | | 主辦單位 | | | 訓練時間 | | | |
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| 各類檢定項目  (含護理專業證照、護理進階、資訊相關檢定、語言檢定…等) | | | | | | | | | |
| 證照名稱 | | 字號 | | 通過日期 | | | | 發證單位 | |
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| 推薦人 | | | | | | | | | |
| 姓名 | | 機構 | | | 職稱 | 連絡電話 | | | 與申請人關係 |
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| 自傳 | | | | | | | | | |
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