**附件1**

**灌南县卫计委事业单位编外人员招聘报名表**

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| 姓名 |  | | | 性别 | |  | 民族 | |  | 政治面貌 | |  | | | 一寸  免冠照片 | | |
| 出生年月 |  | | | 身份证  号 码 | | |  | | | | 籍贯 | | |  |
| 第一学历 | 毕业学校 |  | | | | | | 所学专业 |  | | 学历 | | |  |
| 最高学历 | 毕业学校 |  | | | | | | 所学专业 |  | | 学历 | | |  | 身高 | |  |
| 家庭地址 |  | | | | | | | 联系电话 |  | | | | | 特长 |  | | |
| 报考岗位 | | | | | | | | |  | | | | | | | | |
| 教育  经历  （从初中填起） | 起止时间 | | | | 毕业院校 | | | | 所学专业 | | | | 取得学历 | | 取得学位 | | |
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| 工  作  经  历 | 起止时间 | | | | 所在单位 | | | | 从事专业 | | | | 技术职称 | | 行政职务 | | |
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| 奖  惩  情  况 |  | | | | | | | | | | | | | | | | |
| 家庭状况 | 称 谓 | | 姓  名 | | | | 政治面貌 | | 工作单位及职务 | | | | | | | 联系电话 | |
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| 备注 | 本人所提供材料真实有效，个人条件符合本次招聘所报考岗位的要求，如有虚假信息和作假行为，本人承担一切后果，并同意取消应聘资格。  签字：                日期： | | | | | | | | | | | | | | | | |