**鹿城区丰门街道工作人员报名表（村账代理、禁毒社工）**

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| 姓名 |  | | 性别 | |  | | | 出生年月 | |  | | | 照片 | |
| 民族 |  | | 政治面貌 | |  | | | 户籍地 | |  | | |
| 参加工作时间 |  | | 婚姻状况 | |  | | | 健康状况 | |  | | |
| 户籍地址 |  | | | | | | | 专业技术资格证书 | |  | | |
| 现居住地址 |  | | | | | | | 计算机  操作水平 | |  | | |
| 身份证号 |  | | | | | | | 联系方式 | | | 电子邮箱： | | | |
| 手机号码： | | | |
| 固定电话： | | | |
| 毕业院校 |  | | | | | | | 学历 |  | | | 专业 | |  |
| 家  庭  成  员 | 姓名 | 称谓 | | 出生年月 | | | 单位及职务 | | | | | | | |
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| 工作简历 | 时间 | | | | | 工作单位及职务 | | | | | | | | |
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|  | | | | |  | | | | | | | | |
| 近年来  奖惩情况 |  | | | | | | | | | | | | | |
| 声明 | 本人保证上述所填信息真实无误，如因填写有误或不实而造成后果，均由本人负责。  签名：年月日 | | | | | | | | | | | | | |
| 资格审查 | 审查人签名：年月日 | | | | | | | | | | | | | |