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| 唐县人力资源和社会保障局招聘保险代办员报名表 | | | | | | | | | | | | | |
|  | |  | 性别 | |  | | 民族 | |  | 出生日期 |  | 照  片  20kb以下 | |
| 政治面貌 | |  | 婚否 | |  | | 籍贯 | |  | | |
| 身份证号 | |  | | | | | 学历 | |  | 身高 |  |
| 毕业院校 | |  | | | | | 毕业时间 | |  | 专业 |  |
| 家庭住址 | |  | | | | | | | 联系电话 |  | |
| 现住址 | |  | | | | | | | | | | | |
| 报名岗位代码 | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 个人简历 |  | | | | | | | | | | | | |
| **家庭成员** | | | | | | | | | | | | | |
| 姓名 | 与本人关系 | | | 年龄 | | 政治面貌 | | 工作单位 | | | | | 联系电话 |
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|  |  | | |  | |  | |  | | | | |  |
| 申请人确认： 填写日期： | | | | | | | | | | | | | |

**注：此表一式两份。**