**启东市消防救援大队119接警员报名信息登记表**

单位社会保险登记证号 填表时间 年 月 日

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| 姓 名 |  | | 性 别 | | | |  | | 籍 贯 | | |  | 出生年月 | |  | | | |  | |
| 曾用名 |  | | 身 高 | | | |  | | 民 族 | | |  | 健康状况 | |  | | | |
| 人员类别 |  | | 体 重 | | | |  | | 视 力 | | |  | 政治面貌 | |  | | | |
| 文化程度 |  | | 居民身份证号 | | | | | |  | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | | 所学专业 | |  | | | | | |
| 兵役情况 |  | | | 部别年限 | | | | | |  | | | 其他特长 | |  | | | | | |
| 婚育状况 |  | | | 就业类型 | | | | | |  | | | 进队时间 | |  | | | | | |
| 是否与已工作过的单位存在竞业限制 | | | | | | | |  | | | 是否与已工作过的单位存在劳动关系 | | | | | | | | |  |
| 住宅电话 |  | | | | 移动电话 | | | |  | | | | 电子邮箱 | | |  | | | | |
| 家庭详细地址 | |  | | | | | | | | | | | | | | | | | | |
| 学习工作经历 | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | 学习/工作单位 | | | | | | 专业/岗位 | | | | | 备注 | | | |
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| 家庭情况及主要社会关系 | | | | | | | | | | | | | | | | | | | | |
| 关系 | 姓名 | | 出生年月 | | | | | 工作单位 | | | | | | 职务 | | | | 联系电话 | | |
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