重大疾病预防辅助岗位报名登记表

编 号 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | 性 别 |  | | 民 族 | |  | | | 照片 | |
| 出生年月 |  | | | 学 历 |  | | 籍 贯 | |  | | |
| 现 住 址 |  | | | | | | | | | | |
| 身份证号 |  | | | | 联系电话 | |  | | | | |
| 政治面貌 |  | | | 入党时间 |  | | 婚姻状况 |  | | | |
| 健康状况 |  | | | | 应聘岗位 | |  | | | | | | |
| 学习履历 | | | | | | | | | | | | | |
| 学 历 | 毕业时间 | | 毕业院校 | | | | | | | 专 业 | | | |
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| 主要工作经历 | | | | | | | | | | | | | |
| 起止时间（年、月） | 工作单位 | | | | | | 岗位（职务） | | | | 离职原因 | | |
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| 家庭主要成员 | | | | | | | | | | | | | |
| 与本人关系 | 姓 名 | 出生年月 | | | | 政治面貌 | 工作单位 | | | | 职 务 | | 联系方式 |
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| 奖惩情况 |  | | | | | | | | | | | | |