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| **姓 名** |  | **性 别** | |  | **民 族** | |  | **籍 贯** | |  | | **照**  **片** | |
| **出生日期** | **年 月 日** | | | | **婚否** | |  | **学 历** | |  | |
| **毕业学校** |  | | | | **身高** | |  | **所学专业** | |  | |
| **身份证号** |  | | | | **体重** | |  | **政治面貌** | |  | |
| **现居住地址** |  | | | | | | | **联系电话** | |  | | | |
| **英语水平** | **□熟练 □一般 □差** | | | | | | | **是否服役** | | **□是 □否** | | | |
| **烟疤、纹身** | **□有 □无** | | | | | | | **视 力** | | **□正常 □近视〖 〗°** | | | |
| **教**  **育**  **经**  **历** | **起止时间** | | **就读学校** | | | | | **专业** | | | **颁发的奖励及证书** | | |
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| **工**  **作**  **经**  **历** | **起止时间** | | **工作单位名称** | | | | | **所任职务** | | | **薪资待遇** | | **证明人/电话** |
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| **家**  **庭**  **成**  **员** | **姓名** | | **关系** | | | **工作单位** | | | | | **联系电话** | | |
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| **紧急联系人** |  | | **关系** | | |  | | | **联系电话** | |  | | |
| **确认并签字：**  **年 月 日** | | | | | | | | | | | | | |