报名表

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| 姓名 | |  | 性别 | | |  | 民族 |  | | | |  | |
| 出生年月 | |  | 生源 | | |  | 户籍 |  | | | |  | |
| 婚姻状况 | |  | 政治面貌 | | |  | 学历 |  | | | |  | |
| 毕业院校 | |  | | | | | 院系名称 |  | | | |  | |
| 所学专业 | |  | | | | 专业类别 |  | 毕业时间 | | | |  | |
| 通讯地址 | |  | | | | | | 邮政编码 | | | |  | |
| 身份证号 | |  | | | | | 联系电话 |  | | | | | |
| 有何职业资格证 |  | | | | | | | | | | | | |
| 学习经历 （从高中开始） | 起止时间 | | | 所在学校 | | | | | 专业 | | | | 学制年限 |
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| 工作经历 | 起止时间 | | | 所在单位 | | | | | | 职 务 | | | |
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| 主要奖惩情况 |  | | | | | | | | | | | | |
| 家庭成员情况 | 姓名 | | 关系 | | 所在单位 | | | | | | 职务 | | |
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