附件1：

昭通市计划生育协会公益性岗位报名登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 | |  | | 出生年月 | |  | | 近期免冠照片 |
| 政治面貌 |  | 民族 | |  | | 籍贯 | |  | |
| 健康状况 |  | 婚否 | |  | | 是否符合招聘条件 | |  | |
| 学历学位 |  | 毕业院校 | |  | | | | | |
| 通讯地址 |  | | | | | | 联系电话 | |  | |
| 奖惩情况  （后附证明材料） |  | | | | | | | | | |
| 学习和工作简历 | 起止时间 | | 学习院校及专业（工作单位及职务） | | | | | | | |
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| 家庭成员 | 姓名 | | 关系 | | 年龄 | 工作单位 | | | | |
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| 审核意见 |  | | | | | | | | | |