**附件**

曲靖市卫生健康委员会**公开招聘公益性岗位报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 填表日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | 性别 | | | | |  | | | | | 民族 | | | | | |  | 个 人 相 片 |
| 出生年月 |  | | | | | 政治面貌 | | | | |  | | | | | 婚姻状况 | | | | | |  |
| 学历 |  | | | | | 毕业院校 | | | | |  | | | | | | | | | | | |
| 专业 |  | | | | | | | | | | | | | | | 毕业时间 | | | | | |  |
| 身份证号 |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  | 联系电话 |  |
| 就业失业登记编号 |  | | | | | | | | | | | | | | | 户口所在地 | | | | | |  | |
| 家  庭  主  要  成  员 | 姓名 | | | | | 与本人  关系 | | | | | 工作单位 | | | | | | | | | | | 联系电话 | |
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| 工  作  经  历 | 起始时间 | | | | | | | | | | 所在单位 | | | | | | | | | | | 岗位 | 离职原因 |
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| **本人愿意为以上填写资料的真实性负责，如有虚假，愿意承担由此带来的一切责任。**  **本人签字：** | | | | | | | | | | | | | | | | | | | | | | | |