**报名登记表**

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| **姓 名** | | |  | | **性 别** | |  | | **出生年月** | |  |  |
| **民 族** | | |  | | **籍 贯** | |  | | **出生地** | |  |
| **政 治**  **面 貌** | | |  | | **参加工作时间** | |  | | **学历** | |  |
| **应 聘**  **岗 位** | | |  | | | | | | | | |
| **身体情况** | | |  | | | | | | | | |
| **工作单位及职务** | | | | |  | | | | | | | |
| **简 历** | |  | | | | | | | | | | |
| **家庭主要成员及社会关系情况** | **称 谓** | | | **姓 名** | | **出生年月** | | **政治面貌** | | **工作单位及职务** | | |
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| **报名人承诺：本人提供报名材料均真实准确。**  **报名人签字：**  **年 月 日** | | | | | | | | | | | | |
| **审核意见：**    **审核人签字：**  **年 月 日** | | | | | | | | | | | | |