高草回族乡综合应急救援队伍报名登记表

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| 姓名 |  | | | 性别 | |  | | | 出生年月  （岁） | |  | 照片 |
| 民族 |  | | | 籍贯 | |  | | | 出生地 | |  |
| 政治  面貌 |  | | | 入党时间 | |  | | | 健康状况 | |  |
| 身份证号码 | | |  | | | | | | 现居住地 | |  | |
| 联系方式 | | |  | | | | | | 文化程度 | |  | |
| 身高 | | |  | | | | | | 体重 | |  | |
| 简  历 |  | | | | | | | | | | | |
| 家庭  主要  成员  及主  要社  会关  系 | 称谓 | 姓名 | | | 年龄 | | 政治面貌 | 职业 | | 从业单位 | | |
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