**附：**

**公益性岗位报名表**

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| 姓 名 | |  | | | 性 别 | |  | 民 族 |  | | | 照 片 | |
| 出生年月 | |  | | | 政治面貌 | |  | 全日制学历 |  | | |
| 全日制学历毕业院校 | |  | | | | | | 全日制专业 |  | | |
| 最高学历毕业院校 | |  | | | | | | 最高学历专业 |  | | |
| 职称、执（职）业资格 | | | | |  | | | 取得时间 |  | | |
| 职称、执（职）业资格获取途径 | | | | |  | | | | | | | | |
| 户籍所在地 | |  | | | 婚姻状况 | |  | 健康状况 |  | | | | |
| 身份证号 | |  | | | | | | 有何特长 |  | | | | |
| 通讯地址 | |  | | | | | | | 邮政编码 | |  | | |
| 联系电话 | |  | | | | | | 电子邮箱 |  | | | | |
| 个人学习及工作简历  （从高中起） | | 起止时间 | | 就读学校或工作单位及岗位 | | | | | | 证明人 | | | 证明人电话 |
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| 家庭主要成员情况 | | 姓名 | 关系 | | | 政治面貌 | 工作单位及职务 | | | | | | 电话 |
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| 备注 |  | | | | | | | | | | | | |