文山市疾病预防控制中心应聘者报名表

**应聘岗位： 填表日期：**

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| **姓名** | |  | **性别** |  | **民族** |  | **出生**  **年月** |  | **照片张贴处** |
| **学历** | |  | **政治面貌** |  | **健康状况** |  | **婚姻**  **状况** |  |
| **身份证号码** | | |  | | | | **联系**  **电话** |  | |
| **通讯地址** | | |  | | | | | | |
| **专业方向或特长** | | | |  | | | | | |
| **学习经历** | **起止年月** | | | **毕业学校** | | | **专业** | **学历** | **教育类型** |
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| **工作经历** | **单位名称** | | | | | **科室/部门** | | **职务** | |
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| **报名人承诺** | | | | 本人承诺∶此报名表上所填内容真实有效，如有虚假本人愿意承担由此产生的一切后果。  承诺人签名∶ | | | | | |