**报名登记表**

岗位： 身高 体重

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| 姓名 | | 性别 | | | 民族 | | 出生年月 | | | 身份证号 | | | | | 一寸  彩色  照片 | |
|  | |  | | |  | | 年 月 | | |  | | | | |
| 文化程度 | | 毕业院校 | | | 毕业时间 | | | | | 政治面貌 | | 入党时间 | | 参加工作时间 | | |
|  | |  | | |  | | | | |  | |  | |  | | |
| 籍贯 | | 联系电话 | | | 家庭详细住址 | | | | | 婚否 | | 户口类型 | | 户口所在地 | | |
|  | |  | | |  | | | | |  | |  | |  | | |
| 职称 | | 熟悉何种专业技术有何专长 | | | | | | | 是否与原单位解除合同 | | | | 是否参加过社保 | | | |
|  | |  | | | | | | |  | | | |  | | | |
| 学  习  经  历 | 起始时间 | | 院系科别 | | | 学校名称 | | | | | 毕业时间 | | 校址 | | | 有无证件 |
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| 工作经历 | 起始时间 | | 工作单位及部门 | | | | | | | | | | 职务或岗位 | | | |
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| 主要家庭成员 | 关系 | | |  | | | |  | | |  | |  | |  | |
| 姓名 | | |  | | | |  | | |  | |  | |  | |
| 出生年月 | | |  | | | |  | | |  | |  | |  | |
| 学历 | | |  | | | |  | | |  | |  | |  | |
| 联系电话 | | |  | | | |  | | |  | |  | |  | |
| 工作单位及  职务（岗位） | | |  | | | |  | | |  | |  | |  | |

本人保证上述所填写的信息完整、真实、准确。

填表人签名： 日期：

个 人 身 份 证 明

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学 历 证 明

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无犯罪记录证明

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