**渝北区养老服务指导中心工作人员应聘信息登记**

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| **个 人 情 况** | 姓名： | | 性别： | | | | | 出生年月： | | | | | 政治面貌： | | | 照 片 |
| 最高学历： | | 毕业时间： | | | | | 专业： | | | | | 健康状况： | | |
| 毕业学校： | | | | | | | | | | | | | | |
| 身份证号码： | | | | | | | | | | | | | | |
| 家庭住址： | | | | | | | | | | | | | 邮编： | | |
| 户籍地址： | | | | | | | | | | | | | 邮编： | | |
| 联系电话： | | | | | | | | | | | | 手机： | | | |
| E-mail： | | | | | | | | | 爱好: | | | | | | |
| **家 庭 情 况** | 称谓 | 姓名 | | | | 出生年月 | | | 政治面貌 | | 工作单位 | | | | | 职务 |
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| **教 育 情 况** | 阶段 | | | 起止年月 | | | | | 学校 | | | | | | 专业 | |
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| **工作（实习）经历** | 工作单位 | | | | 工作岗位 | | | | 职务 | | | 开始时间 | | | 结束时间 | |
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| **能力水平** | 外语 | | | | | | 计算机 | | | | | 其他证书 | | | | |  |  |
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| **奖惩情况** | 何时 | | | | | | 何地 | | | | | 何种奖惩 | | | | |  |  |
|  | | | | | |  | | | | |  | | | | |  |  |
| **其他情况** |  | | | | | | | | | | | | | | | |  |  |
| 本人承诺上述表格中所填写内容完全属实。  签名： 日期： | | | | | | | | | | | | | | | | |  |  |