红河州供销合作社联合社公益性岗位报名表

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| **姓 名** | |  | | | **性 别** | | |  | | | | | 照片 |
| **民 族** | |  | | | **籍 贯** | | |  | | | | |
| **政治面貌** | |  | | | **全日制学历** | | |  | | | | |
| **健康状况** | |  | | | **婚姻状况** | | |  | | | | |
| **身份证号** | |  | | | | | | | | | | |
| **毕业院校及专业** | |  | | | | | | | **毕业时间** | | | |  |
| **熟悉专业、有何专长** | | | |  | | | | | | | | | |
| **家庭住址** | |  | | | | | | | | | | | |
| **户口所在地志** | |  | | | | | | | | | | | |
| **联系电话** | |  | | | | **电子邮箱** | | | |  | | | |
| **主要**  **学习**  **工作**  **经历** |  | | | | | | | | | | | | |
| **家庭主要成员及社会重要关系** | **称谓** | | **姓名** | | **出生年月** | | **政治面貌** | | | | **工作单位及职务** | | |
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| **本人承诺以上填写内容全部属实，如有虚假，后果自负。**  **签名：**  **年 月 日** | | | | | | | | | | | | | |