附件

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| **姓名** | |  | | **性别** |  | | **出生年月** | |  | 近期免冠照 |
| **政治面貌** | |  | | **民族** |  | | **籍贯** | |  |
| **健康状况** | |  | | **婚否** |  | | **是否符合招聘条件** | |  |
| **身份证号码** | |  | | | **家庭住址及联系电话** | | | |  | |
| **学历学位** | |  | | | **毕业院校及专业** | | | |  | |
| **《就业创业证》发证机关** | |  | | | **《就业创业证》编号** | | | |  | |
| **学 习 工 作 简 历** | **起止时间** | | | | | **学习院校及专业（工作单位及职务）** | | | | |
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| **家 庭 成 员** | **姓名** | | **关系** | | | **年龄** | | **工作单位及职务** | | |
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| **审核 意见** |  | | | | | | | | | |

昭通市搬迁安置局公益性岗位报名登记表

**注：本表由报名人员填报，一式一份，交招聘部门留存。**