附件1：

**岗位报名登记表**

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| **个人情况** | | | | | | | | | | | | | |
| 姓名 |  | | 性别 | |  | 身高 | |  | | 体重 | |  | |
| 出生年月 |  | | 出生地 | |  | 身份证号码 | |  | | | | | |
| 家庭地址 |  | | | | | 手机号码 | |  | | | | | |
| 婚姻状况 |  | | 户籍地 | |  | 邮箱 | |  | | | | | |
| 紧急联系人 |  | | 关系 | |  | 紧急联系人电话 |  | | | 是否为退役军人 |  | | |
| **学历** | | | | | | | | | | | | | |
|  | | | 校名 | | | 起止年月 | | | 所学专业 | | | | 学位 |
| 起 | 止 | |
| 高中或同等学历 | | |  | | |  |  | |  | | | |  |
| 专科学校 | | |  | | |  |  | |  | | | |  |
| 大学 | | |  | | |  |  | |  | | | |  |
| 其他 | | |  | | |  |  | |  | | | |  |
| **工作经历** | | | | | | | | | | | | | |
| 工作时间 | | | 工作单位名称 | | | 职位 | 离职理由 | | | 证明人 | | 证明人联系方式 | |
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| **家庭主要成员简况** | | | | | | | | | | | | | |
| 姓名 | | 关系 | | 工作单位名称 | | | 电话 | | | | 职业 | | |
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