附件

中共昭通市委老干局公开招聘公益性岗位工作人员报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性 别 | |  | | 出生年月 | | |  | | | 近期免冠照片 |
| 政治面貌 |  | 民 族 | |  | | 籍 贯 | | |  | | |
| 健康状况 |  | 婚 否 | |  | | 是否符合招聘条件 | | |  | | |
| 学历  （学位） |  | 毕业院校 | |  | | | | | | | |
| 通讯地址 |  | | | | | | | 联系电话 | | |  | |
| 奖惩情况  （后附证明材料 |  | | | | | | | | | | | |
| 学习和工作简历 | 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 | | |
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| 审核意见 |  | | | | | | | | | | | |