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| **应聘人员报名表** | | | | | | | | | | | | | |
| 应聘岗位 |  | | | | | | | 是否省老科协会员 | | | 是□ 否□ | | |
| 姓名 |  | | 性别 | |  | | | 出生日期 | | |  | | 正面免冠 彩色照片 （２寸） |
| 曾用名 |  | | 籍贯 | |  | | | 民族 | | |  | |
| 出生地 |  | | 学历 | |  | | | 学位 | | |  | |
| 政治面貌 |  | | 健康状况 | |  | | | 职称 | | |  | |
| 户口所在地 |  | | | | | | | | | | 无犯罪说明 | |  |
| 身份证号 |  | | | | | 联系电话 | | | |  | | | |
| 通讯地址 |  | | | | | 邮箱地址 | | | |  | | | |
| 学习及工作简历 | | | | | | | | | | | | | |
| 起止时间 | | 单 位 | | | | | | | | | | 任（兼）何职 | |
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| 主要家庭成员及社会关系情况 | | | | | | | | | | | | | |
| 称谓 | | 姓名 | | 出生年月 | | | 政治面貌 | | 工作单位及职务 | | | | |
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| 个人专业特长及工作业绩简介（300字内） | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 个人要求与说明（未尽事宜，需特别说明的） | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 本人保证上述所填内容的真实性。如有不实将取消录用资格。  签名： 日期：  注： | | | | | | | | | | | | | |
| 1、报名需提交资料：身份证、学历、学位、资格证书及相关证件等复印件； | | | | | | | | | | | | | |
| 2、报名时间以发出报名表邮箱记载时间为准。 | | | | | | | | | | | | | |