**报名表**

**报考岗位名称**：

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| **姓 名** | | |  | | | | | | | **性 别** | | | | |  | | | | | | **出 生**  **年 月** | | | | |  | | | | | | 一寸近期  正面免冠彩色电子相片 | |
| **民 族** | | |  | | | | | | | **籍 贯** | | | | |  | | | | | | **出生地** | | | | |  | | | | | |
| **政 治**  **面 貌** | | |  | | | | | | | **外 语**  **水 平** | | | | |  | | | | | | **健 康**  **状 况** | | | | |  | | | | | |
| **身份证**  **号 码** | | |  |  | |  | | |  | |  |  | |  | |  |  | |  | |  |  | |  | |  | |  |  |  |  |
| **学 历** | |  | | | | | | | | | | | | | | | | | | **学 位** | | | |  | | | | | | | | | |
| **毕业院校系及专业** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **执业资格** | |  | | | | | | | | | | | | | | | | | | **职 称** | | | | |  | | | | | | | | |
| **详细通讯地址** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **邮政编码** | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **手机号码** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **电子邮箱** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本 科 及 以 上 学 习 经 历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起 止 时 间 | | | | | | | 毕 业 院 校（ 学院、系） | | | | | | | | | | | | | | | | | | | | 专业名称 | | | | | | 学 制 |
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| **主要工作（实习）经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起 止 时 间 | | | | | | | 工 作（实习） 单 位 及 职 务 | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 家庭  主要  成员 | 称谓 | | | | 姓名 | | | | | | | | 年龄 | | | | | 政治面貌 | | | | | 工作单位及职务 | | | | | | | | | | |
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| 本人承诺 | 本报名表所填写的信息准确无误，若有虚假，经查实后取消录取资格。    报名人（签名）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |