**南通市妇幼保健院劳务工报名登记表**

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| 姓 名 |  | | | | | | | | | 性别 | | | | |  | | | | | | | | 民族 | | |  | | | 贴照片处 |
| 身份证号 |  |  |  |  |  | |  |  |  |  | |  |  |  | |  |  | |  |  |  |  | | 政治面貌 | | |  | |
| 文化程度 |  | | | | | | | | | 专业技术  职 称 | | | | | | | |  | | | | | | | | | | |
| 所学专业 |  | | | | | | | | | 报考岗位 | | | | | | | |  | | | | | | | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | | | 毕 业  时 间 | | | | |  | |
| 原工作  单位 |  | | | | | | | | | | | | | | | | | | | | | | 参加工作时间 | | | | |  | |
| 家庭地址 |  | | | | | | | | | | | | | | | | | | | | | | 联 系  电 话 | | | | |  | |
| 简 历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员 | 姓名 | | | | | 关系 | | | | | 所在单位 | | | | | | | | | | | | | | 职务 | | | | 回避关系 |
|  | | | | |  | | | | |  | | | | | | | | | | | | | |  | | | |  |
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| **本人承诺：本人符合报名条件要求，并认可报名表内容。所填报名表的信息真实、准确、一致。所提供的学历证书等相关证件均真实有效。如有弄虚作假或填写错误，由本人承担一切后果。**  **本人签名： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **单位审核意见：**  **审核人： 2021年3月22日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |