附件

南宁市西乡塘区卫计专干招聘报名登记表

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| **姓　名** | | | |  | | | | **性　别** | | |  | | | | **出　生**  **年　月** | | |  | | | **照**  **片** |
| **民　族** | | | |  | | | | **籍　贯** | | |  | | | | **出生地** | | |  | | |
| **参加工**  **作年月** | | | |  | | | | **入　党**  **年　月** | | |  | | | | **健　康**  **状　况** | | |  | | |
| **专业技**  **术职务** | | | |  | | | | | **熟悉专业**  **有何专长** | | |  | | | | | | | | |
| **学　历**  **学　位** | | | | **全日制**  **教　育** | | |  | | | | | **毕业院校系及专业** | | | |  | | | | | |
| **在　职**  **教　育** | | |  | | | | | **毕业院校系及专业** | | | |  | | | | | |
| **应聘岗位** | | | | | | |  | | | | | | | | | | | | | | |
| **现任职级** | | | | |  | | | | | | | | | **任现职级**  **时　　间** | | | | |  | | |
| **联系电话** | | | | |  | | | | | | | | | | **身份证号** | | | | |  | |
| **现居住地址** | | | | |  | | | | | | | | | | **身份证**  **居住地址** | | | | |  | |
| **工**  **作**  **简**  **历** | |  | | | | | | | | | | | | | | | | | | | |
| **奖惩情况** | | |  | | | | | | | | | | | | | | | | | | |
| **家庭主要成员及主要社会关系** | **称谓** | | | | | **姓　名** | | | | **出生年月** | | | **政治面貌** | | | | **工作单位及职务** | | | | |
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| **资格审查意见** | **（盖章）**  **年   月   日** | | | | | | | | | | | | | | | | | | | | |

本人承诺无违法违纪行为，无违反计划生育政策，不存在法律法规规定的不得聘用的其他情形，并对以上内容及提供材料的真实性、准确性及合法性负责，如有虚假，愿意承担责任。

本人签名： 年 月 日