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| **浙江省智力运动管理中心编外聘用人员报名表** | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | 身份证号 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 贴 一 寸 近 照 |
| 性别 |  | 民族 |  | | | | | | 政治面貌 | | | | |  | | | | | | |
| 学历 |  | 学位 |  | | | | | | 健康状况 | | | | |  | | | | | | |
| 出生年月 |  | 参加工作  时间 |  | | | | | | 婚姻状况 | | | | |  | | | | | | |
| 毕业院校及专业 | |  | | | | | | | | | | | | 毕业时间 | | | | | |  | |
| 通讯地址 | |  | | | | | | | | | | | | 现户籍  所在地 | | | | | |  | |
| 移动电话 | |  | | | | | | | | | | | | 拟报岗位 | | | | | |  | |
| 家庭成员及基本情况 | | 称谓 | 姓名 | | | | | | 政治面貌 | | | | | 现工作单位 | | | | | | | |
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| 工作简历 | |  | | | | | | | | | | | | | | | | | | | |
| 本人承诺 | | 本人对上述所填内容的真实性负责，如有隐瞒，愿承担一切责任。 | | | | | | | | | | | | | | | | | | | |
| 签 名： 年 月 日 | | | | | | | | | | | | | | | | | | | |
| 审核意见 | | 签 名: 年 月 日 | | | | | | | | | | | | | | | | | | | |
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