附件：

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| 温州市龙湾区卫生健康局公开招聘编外工作人员报名表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 民族 |  | 出生年月 |  | 照片 |
| 籍贯 |  | 现户口所在地 |  | 执业资格、技术资格、技术等级 |  |
| 政治面貌 |  | 身份证号码 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 全日制教育学历、学位 |  | 学制 年 | 毕业院校及 专 业 |  |
| 在职教育学历、学位 |  | 学制 年 | 毕业院校及 专 业 |  |
| 通讯地址 |  | 联系电话手 机 |  |
| 简 历  | 起止时间 | 工作单位（学校、专业） | 职 务 |
|  |  |  |
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|  |  |  |
| 奖惩情况（近3年内受过的奖励或处分） |  |
| 家庭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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|  |  |  |  |  |
| 本人声明：上述填写的内容真实完整。如有不实，本人愿意承担取消招聘资格的责任。 申请人（签名）： 年 月 日 |
| 资格初审意见（工作人员填写） | 签名： 年　　月　　日 |

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