附 件

吉安市卫健委招聘公益性岗位工作人员报名登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | |  | | 出生年月  （ 周岁） | |  | 照 片 |
| 民族 | |  | | | 籍贯 | |  | | 出生地 | |  |
| 政治  面貌 | |  | | | 婚姻  状况 | |  | | 健康状况 | |  |
| 学历  学位 | |  | | | | | 毕业院校系及专业 | |  | | | |
| 身份证号码 | | |  | | | | | | 联系电话 | |  | |
| 家庭住址 | | |  | | | | | | | | | |
| 简 历 | |  | | | | | | | | | | |
| 奖惩情况 | |  | | | | | | | | | | |
| 家庭主要成员  及  重要社会关系 | 称谓 | | | 姓 名 | | 出生  年月 | | 政治面貌 | | 工作单位及职务 | | |
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| 市卫健委审查意见 | （盖　章）  年 月 日 | | | | | | | | | | | |