天等县残疾人联合会招聘人员报名登记表

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| 姓名 | |  | 性别 |  | | 出生年月 | |  | | 照 片 |
| 学历 | |  | 婚否 |  | | 民族 | |  | |
| 专业 | |  | | 毕业院校 | |  | | | |
| 健康状况 | |  | | 户籍所在地 | |  | | | |
| 政治面貌 | |  | | 身份证号码 | |  | | | | |
| 联系电话 | |  | | 联系地址 | |  | | | | |
| 学习  经历 | 起止时间  （从高中写起） | | 毕业院校 | | | | | | 专业 | |
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| 工作经历 | 起止时间 | | 工作单位 | | | | | | 职务 | |
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| 家庭情况 | 姓名 | | 关系 | 年龄 | 文化程度 | | 现工作单位 | | | |
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