财政监督行政执法检查辅助检查应聘人员推荐报名表

机构名称（盖章）：

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| 序号 | 姓  名 | 性别 | 出生年月 | 文化  程度 | 专业 | 工作经历 | | 职称或  执业资格 | 备注 |
| 参加工作时间 | 到本机构时间 |
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负责人（签字）：               联系人：           联系电话：