柳州市残疾人康复中心报名表

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| **姓名** | |  | | | | **性别** | | |  | | | **民族** | |  | | | | **婚姻状况** | |  | |  |
| **身份证号码** | | |  | | | | | | | | | | | | | **政治面貌** | | |  | | |
| **出生年月** | | |  | | | | | | | **参加工作年月** | | |  | | | | **籍贯** | | |  | |
| **户籍所在地** | | | |  | | | | **身高** | | |  | | | **体重** | | |  | | | | **健康**  **状况** |  |
| **职业资格** | | | |  | | | | | | | **执业资格** | | | | | |  | | | | | |
| **教育背景** | | **全日制**  **教育** | | **学历** | | |  | | | | | | | | | **毕业院校** | | |  | | | |
| **学位** | | |  | | | | | | | | | **专业** | | |  | | | |
| **在职**  **教育** | | **学历** | | |  | | | | | | | | | **毕业院校** | | |  | | | |
| **学位** | | |  | | | | | | | | | **专业** | | |  | | | |
| **熟悉专业和专长** | | | | |  | | | | | | | | | | | | | | | | | |
| **目前工作单位、**  **部门及职务** | | | | |  | | | | | | | | | | | | | | | | | |
| **联系地址及**  **邮政编码** | | | | |  | | | | | | | | | | | | | | | | | |
| **移动电话** | | | | |  | | | | | | | | | | **E-mail地址** | | | | |  | | |
| **工　　作　　简　　历** | **起止年月** | | | | | | **工作单位、部门、职务** | | | | | | | | | | | | | | | **岗位内容** |
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| **何时何地曾获得何种奖励、荣誉或资格证书** |  | | | | | | | | | | | |
| **学习经历**  **（从高中开始写起）** | **起止年月** | | | | | **学习院校及系、专业** | | | | | **学习方式（全日制或在职学习）** | |
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| **业务培训经历** | **时间** | | **地点** | | | **培训班名称/主要培训内容** | | | | | | |
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| **外语水平** | **外语种类** | | | **通过何种考试** | | | | | **考取时间** | **成绩/证书** | | |
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| **自我综合评价** |  | | | | | | | | | | | |
| **家庭及主要社会关系** | **称谓** | **姓名** | | | **年龄** | | **政治面貌** | **工作单位** | | | | **职务** |
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| **备 注** | 本人承诺并保证所提供的学历证明、资格证明、工作经历等应聘报名材料真实有效。如有虚假，柳州市残疾人康复中心（柳州市残疾人辅助器具中心）可随时取消录用资格。如录用后发现虚假的，将视为欺诈行为，依法解除劳动合同，并不给予任何经济补偿。  承诺人：  年 月 日 | | | | | | | | | | | |