报名登记表

派驻工作区域是否服从安排：🞎是 🞎否

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| 姓名 | |  | | 性别 | | |  | | | 出生  年月 | |  | | （相片） |
| 民族 | |  | | 政治  面貌 | | |  | | | 参加工  作时间 | |  | |
| 籍贯 | |  | | 身体  状况 | | |  | | | 婚姻  状况 | |  | |
| 专业技术职称 | |  | | | | | | | | | | | |
| 学历  学位 | | 全日制  教 育 | | |  | | | | | 毕业院校系及专业 | |  | | |
| 在 职  教 育 | | |  | | | | | 毕业院校系及专业 | |  | | |
| 家庭  地址 | |  | | | | | | 联系电话 | |  | | 电子邮箱 |  | |
| 个  人  简  历 |  | | | | | | | | | | | | | |
| 专业证书及奖惩情况 |  | | | | | | | | | | | | | |
| 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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| 其他需要说明的情况 |  | | | | | | | | | | | | | |