**东方市残疾人联合会公开招聘报名**

附件1

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| 姓 名 |  | | | 性 别 | | |  | | | 民 族 | | | |  | | 照  片  （插入电子照片） | | |
| 籍 贯 |  | | | 出生日期 | | |  | | | 政治面貌 | | | |  | |
| 身份证  号码 |  | | | | | | | | | 健康状况 | | | |  | |
| 参加工  作时间 |  | | 联系电话 | | |  | | | | **报考岗位** | | |  | | |
| 教 育 | 学历 | 学位及授予时间 | | | | 入学时间 | | | 毕(肄)业时间 | | | 毕（肄）业学校 | | | | | | 所学专业 |
| 全日制 |  |  | | | |  | | |  | | |  | | | | | |  |
| 在 职 |  |  | | | |  | | |  | | |  | | | | | |  |
| **奖惩**  **情况** |  | | | | | | | | | | | | | | | | | |
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| 个  人  简  历 | 起止时间 | | | | 工作（学习）单位 | | | | | | | | | | 岗位名称 | | | |
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| 家庭  成员  及社  会关系 | 称 谓 | | | | 姓 名 | | | 出生日期 | | | 政治面貌 | | | | 工作单位及职务 | | | |
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| **住址**  **通信**  **信息** | 家庭住址 | | | | | | | 住址邮编 | | | 移动电话 | | | | 住宅电话 | | 电子邮箱 | |
|  | | | | | | |  | | |  | | | |  | |  | |
| **声明：本人已经认真阅读东方市残疾人联合会招聘的简章，所填写、提交的各类信息真实有效。**  **本人签名： 年 月 日** | | | | | | | | | | | | | | | | | | |