附件：

嘉兴市南湖区卫生和计划生育局

公开选聘工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | |  | | | 身份证号 |  | |  |  |  | | |  |  |  |  |  | |  |  |  |  |  | |  | | |  |  |  | 一 寸 　 近 照 |
| 民 族 | |  | | | 性别 |  | | | | | | | | | 政治面貌 | | | | | |  | | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | 婚姻状况 | | | | | |  | | | | | | | | | |
| 现工作单位及  职务（或岗位） | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职称 | | |  | | | | | | | | | | | 注册范围 | | | | | | | | | |  | | | | | | | |
| 学历 |  | | 毕业院校系及专业 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 移动  电话 |  | | | | | 固定电话 | | | | | | | |  | | | | | | | Email | | | | | |  | | | | |
| 主要家庭成员及社会关系 | 称谓 | | | 姓名 | | 出生  年月 | | | | | | 政治面貌 | | | | | | 工作单位及职务 | | | | | | | | | | | | | |
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| 历年考核及奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学习、工作简历**（需写明具体工作岗位和工作内容）** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 所在单位意见 | （盖章）  年 月 日 | | | | | | 主管部门意见 | | | | 年  （盖章）  年 月 日 | | | | | | | | | | 资格初审意见 | | | | | 月 日 | | | | | |