附件：

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| 温州市龙湾区海城街道社区卫生服务中心公开招聘编外工作人员报名表

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 民族 |  | 出生年月 |  | 照片 |
| 籍贯 |  | 现户口所在地 |  | 执业资格、技术资格、技术等级 |  |
| 政治面貌 |  | 身份证号码 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 全日制教育学历、学位 |  | 学制 年 | 毕业院校及 专 业 |  |
| 在职教育学历、学位 |  | 学制 年 | 毕业院校及 专 业 |  |
| 通讯地址 |  | 联系电话手 机 |  |
| 简 历  | 起止时间 | 工作单位（学校、专业） | 职 务 |
|  |  |  |
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|  |  |  |
| 奖惩情况（近3年内受过的奖励或处分） |  |
| 家庭成员及主要社会关系 | 称谓 | 姓名 | 出生年月 | 政治面貌 | 工作单位及职务 |
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| 本人声明：上述填写的内容真实完整。如有不实，本人愿意承担取消招聘资格的责任。 申请人（签名）： 年 月 日 |
| 资格初审意见（工作人员填写） | 签名： 年　　月　　日 |

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