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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2：  苍南县人力资源和社会保障局招聘编外工作人员  报 名 表   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓 名 |  | | 身份  证号 | |  |  |  |  | |  |  | |  |  | |  |  |  |  |  | | |  |  | |  |  |  | | 近期免冠  照片 | | 性 别 |  | | 出生  年月 | |  | | | | 政治  面貌 | | |  | | | | | | 户籍地 | | | |  | | | | | | | | | 籍 贯 |  | | 民族 | |  | | | | 学历学位 | | |  | | | | | | 毕 业  时 间 | | |  | | | | | | | | | | 毕 业 院 校 | | |  | | | | | | | | | | | | | | | 所学专业 | | | | | | |  | | | | | | | 参加工作时间 | |  | | 技术  职称 | | | |  | | | | | | | 婚姻  状况 | | | |  | | | | | | 健康状况 | | | |  | | | 现工作单位 | |  | | | | | | | | | | | | | | | | 现任职务 | | | | | | |  | | | | | | | 联系地址 | |  | | | | | | | | | | | | | | | | 手机号码 | | | | | | |  | | | | | | | 个人简历  （简历从大学开始） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 奖惩情况  及特长 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **本人声明：上述填写内容真实完整。如有不实，本人愿承担取消招聘资格的责任。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 资格审查  意 见 | | 负责人（签字）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 工作单位  意 见 | | 负责人 （签字）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 主管部门  意 见 | | 负责人 （签字）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |