西湖区医疗保险管理办公室公开招聘工作人员报名表

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| 姓名 |  | | | | 性别 | |  | | | | 身份证号 | |  | | | |
| 民族 |  | | 籍贯 | |  | | 户口所在地 | | | |  | | 出生年月 | | |  |
| 参加工作时间 | | | |  | | | | | | | 政治面貌 | | |  | | |
| 家庭住址 | |  | | | | | | | | | 联系电话 | | |  | | |
| 最高学历 | |  | | | | | | | | | 毕业院校  及专业 | | |  | | |
| 工  作  简  历 | | 起止时间 | | | | | | 单位 | | | | | | | | 职务 |
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| 家庭  基本  情况 | | 配偶 | | 姓名 | |  | | | | | | 出生年月 | | |  | |
| 结婚时间 | | | | |  | | | 学历 | | |  | |
| 工作单位及职务 | | | | | |  | | | | | | |
| 子女 | | 姓名 | |  | | | | | | 出生年月 | | |  | |
|  | | | | | | | | | | | | |
| 自我  介绍 | |  | | | | | | | | | | | | | | |
| 本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。  申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | |