杭州市医疗保险管理服务局编外工作人员报名登记表

应聘岗位： 医保管理

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | 身份证号 | |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  | |  |  |
| 性 别 |  | | 出生年月 | |  | | | | | 户籍所在地 | | | | | | | |  | | | | | | | |
| 政治面貌 |  | | 健康状况 | |  | | | | | 婚 否 | | | | | | | |  | | | | | | | |
| 最高学历 |  | | 学 位 | |  | | | | | 毕业时间 | | | | | | | |  | | | | | | | |
| 毕业院校 |  | | | | | | | | | 所学专业 | | | | | | | |  | | | | | | | |
| 现工作单位 |  | | | | | | | | | 工作职务 | | | | | | | |  | | | | | | | | |
| 参加工作时间 |  | | | | | | | | | 专业技术职称（职业资格等级） | | | | | | | |  | | | | | | | | |
| 联系地址 |  | | | | | | | | | 固定电话 | | | | | | | |  | | | | | | | | |
| 移动电话 | | | | | | | |  | | | | | | | | |
| E-mail |  | | | | | | | | | 邮 编 | | | | | | | |  | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人简历 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员情况 | 称谓 | 姓名 | | 所在单位 | | | | | | | | | | | | | | | | | | | | 职 务 | | |
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| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | |