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| **黄山区医保局公开招聘编外聘用人员报名表** | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | 性 别 | | |  | | | 出生年月 | | | | |  | | | | 照  片 | | | | | |
| 户 籍 地 |  | 学 历 | | |  | | | 政治面貌 | | | | |  | | | |
| 邮 编 |  | 联系电话  （手机） | | |  | | | | | | | | | | | |
| 身份证号码 | |  |  |  |  |  |  | |  |  |  |  | |  |  |  | |  |  |  |  |  |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | |
| 主 要 工 作 简 历 | 起止时间、 工作单位及职务 | | | | | | | | | | | | | | | | | | | | | |
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| 家 庭 成 员 情 况 | 称谓 | 姓名 | | | 工作单位 | | | | | | | | | | | | | | | | | |
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| 有何特长 及业余爱 好技能 |  | | | | | | | | | | | | | | | | | | | | | |
| 资 格  审 查 意 见 | 年 月 日 | | | | | | | | | | | | | | | | | | | | | |