泗洪县追思园殡葬服务有限公司2020年公开招聘工作人员报名表

报名序号： 报考岗位：

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| 姓名 |  | | | | 性别 | | | | |  | | | | | 民族 | | | |  | | | | | | 照片 | |
| 籍贯 |  | | | | 参加工  作时间 | | | | |  | | | | | 政治  面貌 | | | |  | | | | | |
| 身份证号 | |  |  |  |  | |  |  | |  |  |  | |  |  |  |  | |  |  |  |  |  | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | |
| 第一  学历 |  | 何时何院校  何专业毕业 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 最高  学历 |  | 何时何院校  何专业毕业 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | 邮政编码 | | | | | |  | | |
| 联系  电话 | 家庭成员： | | | | | | | | | | | | 户籍  所在地 | | | | |  | | | | | | | 婚姻  状况 |  |
| 本人手机： | | | | | | | | | | | |
| 家庭成  员情况 | 姓名 | | | | | 关系 | | | | | | | 所　在　单　位 | | | | | | | | | | | | | 职务 |
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| 学习  工作  简历 | **注：请详细填写专业工作经历。** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | **注：请详细填写所取得相关证件。** | | | | | | | | | | | | | | | | | | | | | | | | | |

　　注：除报名序号由招考单位工作人员填写外，其他有关项目应由报考人员实事求是填写。