附件：

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| 温州市龙湾区卫生健康局  公开招聘编外工作人员报名表   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓名 |  | | | | 性  别 | |  | 民  族 | | | |  | | | | | | | | | 出生  年月 | | | | |  | | | | | | | 照  片 | | 籍贯 |  | | 现户口  所在地 | |  | | | 执业资格、技术资格、技术等级 | | | | | | | | | | | | |  | | | | | | | | | | | | | 政治面貌 | |  | | | 身份证  号码 | | |  | |  | | |  |  |  |  | |  | |  |  |  | |  | |  |  |  |  |  |  |  | | 全日制教育  学历、学位 | |  | | | 学制 年 | | | | | | 毕业院校  及 专 业 | | | | | |  | | | | | | | | | | | | | | | | | | 在职教育  学历、学位 | |  | | | 学制 年 | | | | | | 毕业院校  及 专 业 | | | | | |  | | | | | | | | | | | | | | | | | | 通讯地址 | |  | | | | | | | | | | | | | | | 联系电话  手 机 | | | | | |  | | | | | | | | | | | | 简 历 | | 起止时间 | | | | | | | 工作单位（学校、专业） | | | | | | | | | | | | | | | | 职 务 | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | 奖惩情况（近3年内受过的奖励或处分） | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 家庭成员及主要社会关系 | | 称谓 | | 姓名 | | 出生年月 | | | | | | | 政治面貌 | | | | | | 工作单位及职务 | | | | | | | | | | | | | | | |  | |  | |  | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | |  | |  | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | |  | |  | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | |  | |  | |  | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | 本人声明：上述填写的内容真实完整。如有不实，本人愿意承担取消招聘资格的责任。    申请人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 资格初审意见（工作人员填写） | | 签名： 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |