红河州老年大学公益性岗位报名表

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| **姓名** |  | | | | **性别** | |  | **出生年月** |  | **照片** |
| **民族** |  | | | | **籍贯** | |  | **文化程度** |  |
| **政治**  **面貌** |  | | | | **婚姻**  **状况** | |  | **身份证号** |  |
| **毕业院校及专业** | | | |  | | | | **毕业时间** |  | |
| **联系电话（手机）** | | | |  | | |  | **家庭住址** |  | |
| **工**  **作**  **经**  **历** | | | **起止时间** | | | **工作单位** | | | **从事工作及担任职务** | |
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| **奖惩 情况** | | |  | | | | | | | |
| **诚信 承诺** | | **本人承诺所填写内容全部属实，提供的相关材料、证件均真实、有效。若有虚假，责任自负。**  **签名：**  **年 月 日** | | | | | | | | |