附件1

察隅县残疾人综合服务中心管理人员招录聘用报名表

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| 姓名 |  | 性别 | | | |  | | 民族 | | |  | 2寸免冠  证件照 | |
| 出生年月 |  | 籍贯 | | | |  | | 政治面貌 | | |  |
| 学历 |  | 毕业时间 | | | |  | | | | | |
| 毕业院校及专业 |  | | | | | | | | | | |
| 证件类型 |  | | | 身份证号码 | | |  | | | | | | |
| 联系电话 |  | | | 身体状况 | | |  | | | | | | |
| 报名岗位 |  | | | | | | | | | 是否服从调剂 | | | 是□否□ |
| 个人简历 |  | | | | | | | | | | | | |
| 家庭成员及主要社会关系 | 姓名 | | 与本人关系 | | 出生年月 | | | | 工作单位或户籍所在地 | | | | |
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| 本人承诺 | 我承诺，以上报名信息真实准确，符合报名条件，自觉遵守考试纪律。  承诺人签名：  年 月 日 |