附件2

横荷街公开招聘村（社区）计生（卫健）专干报名表

报考岗位： 村（社区）卫健专干

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| 姓 名 | | |  | | 性 别 |  | | 民 族 | | |  | 正面免冠彩色照片  (大一寸) | | |
| 曾用名 | | |  | | 籍 贯 |  | | 出生日期 | | |  |
| 身份证号码 | | |  | | | 政治面貌 | |  | | | |
| 学 历  （在读需注明毕业期限） | | |  | | | 健康状况 | |  | | | |
| 毕业院校及专业 | | |  | | | 入党时间 | | | | |  | | | |
| 手机号码 | | |  | | | 婚姻状况 | | | | |  | | | |
| 户籍地址 | | |  | | | 现居住地址 | | | | |  | | | |
| 现工作单位 | | |  | | | | | | | | | | | |
| 何时何处何原因受过何种奖励或处分 | | |  | | | | | | | | | | | |
| **学 习 简 历** | | | | | | | | | | | | | | |
| 起止年月 | | | | 学校（院校及系、专业） | | | | | | 毕（结、肄）业 | | | | 证明人 |
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| **工 作 经 历** | | | | | | | | | | | | | | |
| 起止年月 | | | | | 单位及职务 | | | | | | | | 证明人 | |
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| 家  庭  主  要  成  员  情  况 | 关系 | 姓名 | | | 年龄 | | 政治面貌 | | 工作单位及职务 | | | | | |
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填表说明：

1、此表用蓝黑水钢笔、签字笔填写，字迹要清楚；

2、此表须如实填写，经考核发现与事实不符的，责任自负；

3、此表请双面打印；

4、考生声明

**我保证：本表所填信息及提供资料真实、准确、有效，与事实完全相符，如有不符，本人自愿取消应聘资格。**

**保证人签名：**