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| 姓  名 | |  | | | | | | 性  别 | | |  | | 出生年月  （  岁） | | | | | |  | | | | 照  片 | |
| 民  族 | |  | | | | | | 籍  贯 | | |  | | 出 生 地 | | | | | |  | | | |
| 政治  面貌 | |  | | | | | | 参加工  作时间 | | |  | | 健康状况 | | | | | |  | | | |
| 专业技  术职务 | |  | | | | | | | | | 熟悉专业  有何专长 | |  | | | | | | | | | |
| 学  历 | |  | | | | | | | 毕业院校  系及专业 | | | |  | | | | | | | | | | | |
| 学  位 | |  | | | | | | |
| 联  系  电  话 | |  | | | | | | | 电子  邮箱 | |  | | | | | 通讯  地址 | | | |  | | | | |
| 报考单位 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 报考职位 | | | | | | |  | | | | | | | 报考职位类型 | | | | | | | |  | | |
| 身份证号 | | | | |  | | | | | | | | | | | | | | | | | | | |
| 简        历 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  主  要  成  员 | 称  谓 | | | | | 姓  名 | | | | 年龄 | | 政治面貌 | | | | | | | | 工作单位及职务 | | | | |
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| 获  奖  励  情  况 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 学术及专业（技能）水平简述 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 个  人  情  况  及  意  向 | 现工作单位 | | | | | | |  | | | | 现任职务职称 | | | | |  | | | | 已服务年限 | | |  |
| 所在单位是  否同意报考 | | | | | | | 负责人（签名）：  2017年   月   日 | | | | | | | | | | | | | | | | |
| 本人保证以上信息均为真实情况，若有虚假、遗漏、错误，责任自负。                   考生（签名）： | | | | | | | | | | | | | | | | | | | | | | | | |
| 主管部门审查意见 | | | 审查人（签名）：  2017年   月   日 | | | | | | | | | | | | 用人单位审查意见 | | | 审查人（签名）：  2017年   月   日 | | | | | | |