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| |  | |  |  | 近期免冠  一寸彩照 | | 户口  所在地 | | |  | | 民族 |  | | | | | | 性别 | | | | |  | | | | | 政治  面貌 | | | | |  | | | | | | 最高  学历 | | | 全日制教育 | |  | | | | | | | 毕业时间 | | | | | | | |  | | | | | | | | | | | | | 在职教育 | |  | | | | | | | | 最高学位 | | |  | | | | | | | | | | 参加工作时间 | | |  | | 健康  状况 |  | | | | | | 专业技  术职称 | | | | | | | |  | | | | | | | | | | | | | | 联系地址 | | |  | | | | | | | | | | | | | | | | | 固定电话 | | | | | | | | |  | | | | | 移动电话 | | | | | | | | |  | | | | | E-mail | | |  | | | | | | | | | | | | | | | | | 邮编 | | | | | | | | |  | | | | | 最高学历毕业院校 | | | |  | | | | | | | | | | | | | | | | 所学专业 | | | | | | | | |  | | | | | 现工作单位 | | | |  | | | | | | | | | | | | | | | | 工作职务 | | | | | | | | |  | | | | | 个  人  简  历 | | （从高中时填起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。  申请人（签名）：年月日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 报审考核单意位见 | 年月日 | | | | | | | | 身  份  证  复  印  件  粘  贴  处 | | | | |  | | | | | | | | | | | | | | | | | | |   注：　　　　　　本表格一式二份。 | |  |