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| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **2020年开封市妇产医院第二批公开招聘工作人员报名表** | | | | | | | | 填表日期：     年    月    日 | | | | | | | | 姓名 |  | 性别 |  | 民族 |  | 1寸彩色免冠照片 | | 出生年月 |  | 籍贯 |  | 政治面貌 |  | | 毕业院校 |  | | | 所学专业 |  | | 学历和学位 |  | 毕业时间 |  | 专业技术 任职资格 |  | | 身份证号 |  | | | 联系电话 |  | | | 报考单位 |  | | | 岗位代码 |  | | | 本 人 简 历 |  | | | | | | | 报 名 人 承 诺 | 本报名表所填内容正确无误，所提交的信息真实有效。如有虚假，本人愿承担由此产生的一切后果。                                                                                                                        报名人签字： | | | | | | | 资 格 审 查 意 见 | 审查人签字：                                                 年    月     日 | | | | | | |
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