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| 报名序号：  **2021年鲁北高新技术开发区人民医院派遣制员工报名登记表**   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 姓 名 |  | | 性别 |  | | 出生年月日 | |  | 照 片 | | 民 族 |  | | 政治  面貌 |  | | 学 历 | |  | | 毕业院校  及专业 |  | | | | | 毕业  时间 | |  | | 身份证号 |  | | | | | 联系电话 | |  | | | 现家庭住址 |  | | | | | 户籍地 | |  | | | 学习工作  简 历  （从高中开始） |  | | | | | | | | | | 家庭主要成员基本情况  （包括父母岳父母公公婆婆配偶及子女） | 关系 | 姓名 | | | 年龄 | | 工作单位及职务 | | | |  |  | | |  | |  | | | |  |  | | |  | |  | | | |  |  | | |  | |  | | | |  |  | | |  | |  | | | |  |  | | |  | |  | | | | 备注 |  | | | | | | | | | |