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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 |
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| 备注 |  |

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