**港西镇记账中心人员招录报名表**

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| 姓名 |  | | 性别 | |  | | | | 出生年月 | | |  |  | |
| 民族 |  | | 籍贯 | |  | | | | 出生地 | | |  |
| 政治面貌 | | |  | | 健康状况 | | | | | | |  |
| 学 历 | | |  | | 有何特长 | | | | | | |  |
| 联系电话 | | |  | | | | | 身份证号 | | | |  | | |
| 有无招录条件所列相关病史 | | | | | | | |  | | | | | | |
| 家庭地址 | | |  | | | | | | | | | | | |
| 是否愿意接受工作调剂 | | | | | | |  | | | | | | | |
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| 家庭主要成员及重要社会关系 | | 与本人  关系 | | 姓名 | | 年龄 | | | | 政治面貌 | 工作单位及职务 | | | |
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| 本人承诺：本表所填内容真实，如有虚假，愿意承担相应后果。 | | | | | | | | | | | | | | |
| 填表时间 | | | |  | | | | | | 填表人签名 | | | |  |
| 初审意见 | | | | （盖章）  年 月 日 | | | | | | | | | | |