**附件1：**

**留置看护人员报名登记表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | 性别 |  | 年龄 |  | 出生年月 | | |  |  |
| 党龄 |  | 民族 |  | 学历 |  | 政治面貌 | | |  |
| 身份证号 |  | | | | 报名岗位 | | |  | |
| 联系电话 |  | | | | 籍贯 | | |  | |
| 毕业院校 |  | | | | | | | | | |
| 所学专业 |  | | | | 学制 | | |  | | |
| 家庭住址 |  | | | | | | | | | |
| 家庭主要成员信息 | 姓名 | | 与本人关系 | | 政治面貌 | | 工作单位 | | | |
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| 个人简历  （教育和工作经历） | 起止时间 | | | | 何地何校学习、工作 | | | | | 岗位或任职 |
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| 自我评价 |  | | | | | | | | | |
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