附件：

**南通市通州区先锋街道公开招聘医保服务工作人员报名登记表**

**报考单位: 填报日期: 年 月 日**

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| 姓 　 名 |  | | 身份证号 |  |  |  | |  | | |  |  |  |  |  | |  | |  |  |  |  | |  |  |  |  |
| 性 　别 |  | 民族 |  | 学历 | | |  | | | | | | | 毕业时间 | | | |  | | | | | 2寸  照片 | | | | |
| 毕业院校 |  | | | | | | | | 所学专业 | | | | |  | | | | | | | | |
| 现工作单位 |  | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址 |  | | | | | | | | | 户籍所在地 | | | | | |  | | | | | | |
| 联 系 电 话 | | | | | | |  | | | | | | | | | | | | | | | |
| 学习及  工 作  简 历 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及  重要社会关系 | 姓 名 | | 称 谓 | 工 作 单 位 | | | | | | | | | | | | | | 职 务 | | | | | | | | | |
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| 声  明 | 本人承诺上述所填报名信息内容和提供的相关资料均真实有效，并核对无误。如有弄虚作假或填写错误，由本人承担一切后果，并自愿接受有关部门的处理。    本人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核  意见 | 签 名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |