沙坪坝区医疗保障局公益性岗位人员

报名信息表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性 别 | | |  | 民 族 | |  | | 相 |
| 出生年月 |  | 籍 贯 | | |  | 政治面貌 | |  | |
| 学历学位 |  | 熟悉专业 有何特长 | | |  | | | | |  |
| 毕业院校 系及专业 |  | | | | | 毕业时间 | |  | | 片 |
| 通讯地址 |  | | | | | | | | | |
| 身份证号 |  | | | | | | 联系电话 |  | | |
| 所属类别（十类就业困难人员） |  | | | | | | | | | |
| 学习、工作或社会实践经历 |  | | | | | | | | | |
| 主要奖惩情况 |  | | | | | | | | | |
| 家庭成员情况 | 姓 名 | | 关 系 | 所在单位 | | | | | 职 务 | |
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| 备 注 |  | | | | | | | | | |