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| 姓名 |  | | | 性别 |  | | 身份证号 | |  | |  |  |  | |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  | |
| 出生  年月 |  | | | 民族 | |  | | | 政治  面貌 | | | | |  | | | | | | | | | 照片 | | | | | | | |
| 学历 |  | | | 学位 | |  | | | 所学  专业 | | | | |  | | | | | | | | |
| 何年何月  何校毕业 | |  | | | | | | | | | | | | | | | | | | | | |
| 取得何种  资格证件 | |  | | | | | | 联系  电话 | |  | | | | | | | | | | | | |
| 报考单位 | |  | | | | | | | | 报考岗位 | | | | | | |  | | | | | | | | | | | | | |
| 户口  所在地 | |  | | | | | | | | 通讯地址 | | | | | | |  | | | | | | | | | | | | | |
| 个人  简历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **用人单位服务期考核意见**          单位负责人签字：   　　　　　　　　　　　   2019年     月     日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备用  照片 | | | 审查人签字： 　　 　　   2019年     月     日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |