**公开招聘武义县120救护车驾驶员报名表**

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| 姓 名 |  | 身份  证号 |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  |  |  |  |
| 性 别 |  | 户籍  所在地 |  | | | | | 出生年月 | | | | | | 年 月 | | | | | | | | |
| 政治  面 貌 |  | 学 历 |  | | | | | 毕业时间 | | | | | |  | | | | | | | | |
| 毕业学校 |  | | | | | | | 专 业 | | | | | |  | | | | | | | | |
| 现家庭住址 |  | | | | | | | 联系电话 | | | | | |  | | | | | | | | |
| 学 习  简 历  （高中起） | 何年何月至何年何月在何学校何专业毕业 | | | | | | | | | | | | | 证明人 | | | | | | | | |
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| 工 作  简 历 |  | | | | | | | | | | | | |  | | | | | | | | |
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| 承诺栏 | 本人符合本次招聘规定的条件，所提供的原件、复印件资料和报名表填写的信息全部真实，若有虚假，后果自负。  承诺人签名： 年 月 日 | | | | | | | | | | | | | （贴照片处） | | | | | | | | |
| 审核意见 | 审核人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |

注：此表由考生本人如实填写。