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| 个 人 简 历 | | | | | | | | | | | | | | |
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| 姓名 |  | 性别 | | |  | | 出生年月 | |  | 民族 | |  | 照片 | |
| 籍贯 |  | 户口 所在地 | | |  | | 政治 面貌 | |  | 婚姻 状况 | |  |
| 技术职称 |  | 熟悉专业有何特长 | | |  | | 工作时间 | |  | 健康 状况 | |  |
| 身份证 |  | | | | | | 身高 | |  | 体重 | |  |
| 学历 学位 |  | |  | | | 毕业院校  时间 | | |  | | | | | |
|  | |  | | | 毕业院校  时间 | | |  | | | | | |
| 联系方式 | | |  | | | | | | | | | | | |
| 职业资格 | | |  | | | | | | | | | | | |
| 家庭住址 | | |  | | | | | | | | | | | |
| 工 作 简 历 | 起止日期 | | | 任职单位 | | | | | | | | 任职岗位 | | |
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| 家庭 主要 成员 情况 | 关系 | 姓名 | | | 年龄 | | 工作单位 | | | | 任职岗位 | | | 联系方式 |
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| 个人承诺： | | | | | | | | | | | | | | |
| 我确认以上内容填写完整，并保证真实有效。如发现虚假，愿意承担因此造成的一切后果。 | | | | | | | | | | | | | | |
| 承诺人： | | | | | | | | | | | | | | |