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| 附件 | | | | |  | | |  |  | | |
| 文成县司法局社区矫正社会工作者招录报名表 | | | | | | | | | | | | |
| 姓  名 |  | | 性   别 | | | |  | | 出生年月 |  |  | |
| 政治面貌 |  | | 户   籍 | | | |  | | 联系电话 |  |
| 毕业院校 |  | | | | | | | | 专  业 |  |
| 学  历 |  | | | 学   位 | | |  | | 毕业时间 |  | | |
| 现工作单位 |  | | | | | | | | 参加工作时间 |  | | |
| 家庭住址 |  | | | | | | | | 身份证号码 |  | | |
| 简    历  （从高中起） | 起止时间 | | | | | | | | 工作单位（学校、专业） | 职   务 | | |
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| 奖惩情况（近一年内受过的奖励或处分） |  | | | | | | | | | | | |
| 家庭成员及主要社会关系 | 称   谓 | 姓  名 | | | | 出生年月 | | | 政治面貌 | 工作单位及职务 | | |
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| 审核意见 |  | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | |

注:1.本表须如实填写，如有弄虚作假，一经查实，取消资格。2.此表请在现场报名或资格初审时由本人签名确认。

本人签名（手写）： 日期：