**3553工程计划中医预防与康复工程**

**定向就业培训报名表**

培训类别： 大学生 复转军人 有志青年 填表日期： 年 月 日

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| 姓名 |  | | | 性别 | | |  | | | 出生年月 | |  | | 民族 | |  | | 户籍性质 | | | |  | | | | 二  寸  蓝  底  相  片 | |
| 曾用名 | |  | | | 政治面貌 | | | | | |  | 身份证号 | | |  | | | | | | | | | | |
| 户籍所在地 | | |  | | | | | | | | | | | | | | 入学文化程度 | | | | | |  | | |
| 家庭地址 | | |  | | | | | | | | | | | | | | 健康状况 | | | | | |  | | |
| 电话 | | |  | | | | | | Email | | | |  | | | | | | | 紧急联系人 | | | | |  | | |
| 家  庭  主  要  成  员  情  况 | | 姓名 | | | | 称呼 | | | 政治面貌 | | | 身份证号码 | | | | | | | | | 职务 | | | | | 电话 | |
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| 个  人  简  历 | | 起止年月 | | | | | | 学校单位名称 | | | | | | | | | | | 任何职务 | | | | | 年限 | | | 证明人 |
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| 备  注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |

填表要求：使用碳素笔或中性笔填写。