附件：

**尚寨土家族乡卫生院2023年驾驶员招聘报名表**

报名人签字： 报名日期： 年 月 日

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | |  | | 年龄（岁） | |  | | 照片 | |
| 籍贯 |  | 政治面貌 | | |  | | 身体状况 | |  | |
| 学历 |  | 毕业院校及专业 | | | | |  | | | |
| 身份证号码 | |  | | | | | | | | |
| 取得驾驶证时间 | |  | | | | | | | 驾驶证类别 | | |  |
| 家庭住址 | |  | | | | | | | | | | |
| 主要简历 |  | | | | | | | | | | | |
| 家庭主要成员及重大社会关系 | 称谓 | 姓名 | | 性别 | | 年龄 | | 政治面貌 | | 工作单位及职务 | | |
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