**核酸采样医务志愿者报名表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | 性别 |  | | 出生  年月 | | |  | | | 近期免冠  一寸白  底彩照 |
| 民族 |  | | 政治面貌 |  | | | | 学历 | | |  | | |
| 毕业院校 | |  | | | | | 毕业时间 | | | |  | | |
| 所学专业 | |  | | | | | 专业  技术任职资格 | | | |  | | | |
| 原户籍  所在地 | |  | | | | | 身份证号码 | | | |  | | | |
| 家庭地址 | |  | | | | | | | | 联系电话 | | |  | |
| 学习简历（从高中开始）、  工作经历 | |  | | | | | | | | | | | | |
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| 报名条件 | |  | | | | | | | | | | | | |
| 审核意见 | |  | | | | | | | 审核人  （签名） | | |  | | |
| 备注 | |  | | | | | | | | | | | | |