**禄 丰 市 残 疾 人 求 职（培 训） 登 记 表**

乡镇残联： 填表人： 上报时间：

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| **残疾人**  **姓 名** | **性别** | **民族** | **文化** | **残疾人证号** | **残疾部位** | **专业或**  **特 长** | **岗位条件及**  **要 求** | **培训**  **需求** | **联系电话** |
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