**彭州市乡村植保员申请表**

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| **申请人姓名**  **（附申请人身份证复印件）** |  | **性 别** |  |
| **年 龄** |  | **从事植保工作年限** |  |
| **毕业学校**  **及专业** |  | **申请植保服务区域（镇、街道）** |  |
| **联系地址** |  | **联系电话** |  |