西安市航空基地航清环保产业有限公司

报名登记表

应聘岗位：副经理 填表日期： **年 月 日**

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| **姓名** | |  | | | **性别** | |  | | | **出生日期** |  | | | | | | 个人彩色证件照 | | |
| **民族** | |  | **身高** |  | **体重** | |  | | | **政治面貌** |  | | | | | |
| **健康状况** | |  | **籍贯** |  | **婚姻状况** | |  | | | **参加工作时间** |  | | | | | |
| **技术职称** | |  | | | **评定时间** | | | | |  | | | | | | |
| **第一学历及证书编号** | |  | | | **毕业院校及时间** | | | | |  | | | **专业** | | | |  | | |
| **第一学位及证书编号** | |  | | |
| **最高学历**  **及证书编号** | |  | | | **毕业院校及时间** | | | | |  | | | **专业** | | | |  | | |
| **最高学位**  **及证书编号** | |  | | |
| **月薪要求** | |  | | | **福利待遇要求** | | | | |  | | | | | | | | | |
| **出生地** | |  | | | | | | | | | | | | | | | | | |
| **户籍地址** | |  | | | | | | | | | | | | | | | | | |
| **现住址** | |  | | | | | | | | | | | | | | | | | |
| **移动电话** | |  | | | | **其他联系电话** | | | |  | | | | | **E-MAIL** | | |  | |
| **主要家庭成员及社会关系情况** | | **亲属姓名** | | | | **关系** | | **出生年月** | | **工作单位** | | | | **职务** | | | | **联系电话** | |
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| **证书名称及获取时间**  **（专业资格、计算机、外语及其它资格证书）** | | | | | |  | | | | | | | | | | | | | |
| **奖惩情况** | | | | | |  | | | | | | | | | | | | | |
| **个人特长** | | | | | |  | | | | | | | | | | | | | |
| **教育**  **经历**  **(从高中起)** | **起止时间** | | | | | **院校及专业** | | | | | | | | | | **担任职务** | | | **证明人** |
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| **工作**  **经历** | **起止时间** | | | | | **工作单位** | | | | | | | | | | **担任职务** | | | **证明人** |
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| **参与项目或发表论文**  **(由近及远填写；若无，填写“无”)** | **起止时间** | | | | | **项目名称或发表论文题目（全称）** | | | **担任角色或期刊名称** | | | **参与形式** | | | | **项目发起机构的名称（全称）** | | | |
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| **本人亲属是否有在航空基地系统（含各子公司）工作的**  **(若无，填写“无”)** | | | | | |  | | | | | | | | | | | | | |
| **若离开原单位是否涉及**  **未了手续或经济补偿**  **(若无，填写“无”)** | | | | | |  | | | | | | | | | | | | | |
| **个人申报事项**  **（请在相关选项上“√”）** | | | | | | 有无刑事处罚记录有（）无（） | | | | | | | | | | | | | |
| 有无记过或处分记录有（）无（） | | | | | | | | | | | | | |
| 有无违反国家计划生育政策的情形有（）无（） | | | | | | | | | | | | | |
| 有无参加“法轮功”等邪教组织的情形有（）无（） | | | | | | | | | | | | | |
| 有无吸毒记录有（）无（） | | | | | | | | | | | | | |
| 有无重大传染性疾病记录有（）无（） | | | | | | | | | | | | | |
| 有无精神疾病记录有（）无（） | | | | | | | | | | | | | |
| 有无残疾情形有（）无（） | | | | | | | | | | | | | |
| 有无脏器缺失记录有（）无（） | | | | | | | | | | | | | |
| 其他补充情况： **(若无，填写“无”)** | | | | | | | | | | | | | |
| **承诺** | | | | | | **本人承诺对以上信息的完整性、真实性和准确性负责。如有虚假，自愿取消应聘资格，并承担一切责任。**  **承诺人签名： 年 月 日** | | | | | | | | | | | | | |

**注：以上内容应由应聘者填写，无特殊说明均需填写。**