附表2：

**报名登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | | | | 性别 | | | | | | | |  | | | | | | | | | | 民族 | | |  | | | | 照片 |
| 曾用名 |  | | | | | | | | | 出生年月 | | | | | | | |  | | | | | | | | | | 籍贯 | | |  | | | |
| 出生地 |  | | | | | | | | | 政治面貌 | | | | | | | |  | | | | | | | | | | 户口所在地 | | |  | | | |
| 身份证号码 |  |  |  |  | | | |  |  | |  | |  | |  |  |  | |  | |  |  |  | |  |  |  | | 联系电话 | | |  | | | |
| 全日制学历/学位 |  | | | | | | | | | | | 毕业院校及专业 | | | | | | | | | | | | |  | | | | | | | | | | |
| 在职教育学历/学位 |  | | | | | | | | | | | 毕业院校及专业 | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | 毕业院校及专业 | | | | | | | | | | | | |  | | | | | | | | | | |
| 资格证书持有情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专业技术职称 |  | | | | | | | | | | | | | | | | | | | 婚姻状况 | | | | | | | | | | | 未婚 □ 已婚 □ | | | | |
| 应聘部门名称 | | | | | |  | | | | | | | | | | | | | | | | | | 应聘岗位名称 | | | | | | |  | | | | |
| 期望薪酬 | | | | | |  | | | | | | | | | | | | | | | | | | 是否服从工作安排 | | | | | | |  | | | | |
| 近三年考核结果 | | | | | | 2017年 | | | | | | | |  | | | | | | | | | | 2018年 | | | | | |  | 2019年 | | |  | |
| 时间 | | | | | | | 工作经历及任职情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 业绩成果 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | | | 获得何种奖励 | | | | | | | | | | | | | | | | | | | | | | | | | | | | 授予机构 | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 应聘者所在  工作单位意见 | | | | | 单位（盖章）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人意见 | | | | | 本人郑重申明：以上内容均属实，如有虚假，本人愿意承担由此  带来的一切法律责任。  填表人： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |