**面试登记表**

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| 姓 名 |  | | | 出生年月 | | | | |  | | | | 性 别 | | | | | | | □男 □女 | | | | | | | | | 照 片 | |
| 民 族 |  | 政治面貌 | | | |  | | | | | | 身高 | | | cm | | | | | | | 体重 | |  | | | | |
| 身份证号 |  | | | | | | | | | | | | 籍 贯 | | | |  | | | | | | | | | | | |
| 婚 否 | □未婚 □已婚 | | | | | | | | | 有何特长 | | |  | | | | | | | | | | | | | | | |
| 星 座 |  | | | | 健康状况 | | | | | |  | | | | | | | 期望薪资 | | | | | | |  | | | | | |
| 技能证书 |  | | | | | | | | | | | | 外语及程度 | | | | | | |  | | | | | | | | | | |
| **主要家庭成员及社会关系** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | 关 系 | | 出生年月 | | | | 单位名称/工作地址 | | | | | | | | | | | | | | | | | | | | 联系电话 | | | |
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| 家庭住址/通讯地址 | | |  | | | | | | | | | | | | | | | | **个人联系电话** | | | | | | | |  | | | |
| **工 作 经 历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | 工作单位 | | | | | | | 岗位及职务 | | | | | | | | 离职原因 | | | | | | | 薪资 | | | 证明人及联系电话 | | | | |
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| **教育/培训经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | 毕业学校 | | | | | | | | | | | | 学历 | | | | | | | 专业 | | | | | | | 学制 | | |
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| **其 他** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有无亲属/朋友在本公司工作 | | | | 如有，姓名： | | | | | | | | | | | | 关 系 | | | |  | | | | | | | 职 位 | | |  |
| 是否与其他单位存在劳动关系 | | | | □是 □否 （如果是，请注明具体单位） | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **声明：本人无吸毒史及劳动改造，无慢性病、无癫痫及其它精神病史，我保证以上提供的各项资料真实无误，如有假报及伪造事实，本人愿意承担由此带来的后果和损失，并无条件接受公司的辞退处分。**  应聘人（签名）： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

应聘岗位： 登记日期： 年 月 日