附件1：

中国电信新疆公司社会招聘岗位报名表

**应聘职位及工作地点（如：昌吉市或昌吉呼图壁县）： 是否服从调剂：**

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| **一、承诺：** | | | | | | | | | | | | | | | | | | |
| 感谢您应聘新疆公司职位。您所提供的信息及资料，我们将予以保密。 | | | | | | | | | | | | | | | | | | |
| **二、基本情况** | | | | | | | | | | | | | | | | | | |
| 姓名 | | |  | | | | | | 性别 | |  | | | |  | | | |
| 出生年月 | | |  | | | | | | 婚姻 | |  | | | |
| 文化程度 | | |  | | | | | | 民族 | |  | | | |
| 政治面貌 | | |  | | | | | | 职称 | |  | | | |
| 家庭详细地址 | | |  | | | | | | | | | | | |
| 联系电话 | | |  | | | | | | 身份证号 | | |  | | | | | | |
| **三、教育背景** | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 毕业院校及专业（请注明是否为全日制） | | | | | | | | | | 学历及学制 | | | | |
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| **四、培训经历** | | | | | | | | | | | | | | | | | | |
| 培训时间 | 主要培训内容 | | | | | | | | | 地点 | | 主办单位 | | | | | | 所获证书 |
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| **五、取得专业技术职务和资格认证情况** | | | | | | | | | | | | | | | | | | |
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| **六、技能水平** | | | | | | | | | | | | | | | | | | |
| 1、计算机水平 | | | | |  | | | 获得证书 | | |  | | | | | | | |
| 2、汉语水平（考试成绩） | | | | |  | | | 获得证书 | | |  | | | | | | | |
| **七、主要工作经历** | | | | | | | | | | | | | | | | | | |
| 起止时间 | | 所在工作单位及部门 | | | | | | | 岗位 | | 专业特长 | | | | | 证明人及电话 | | |
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| **八、家庭主要成员状况** | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 称谓 | | 工作单位及职务 | | | | | | | | | | 联系电话 | | | |
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| **九、主要工作情况、荣誉及处分（可附页）** | | | | | | | | | | | | | | | | | | |
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| **十、性格特点及自我评价** | | | | | | | | | | | | | | | | | | |
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| **十一、健康状况：** 身高： 体重： | | | | | | | | | | | | | | | | | | |
| 病名 | | | 有/无 | | | 治愈时间 | 病名 | | | | | | 有/无 | | | | 治愈时间 | |
| 高血压病 | | |  | | |  | 糖尿病 | | | | | |  | | | |  | |
| 冠心病 | | |  | | |  | 甲亢 | | | | | |  | | | |  | |
| 风心病 | | |  | | |  | 贫血 | | | | | |  | | | |  | |
| 先心病 | | |  | | |  | 癫痫 | | | | | |  | | | |  | |
| 心肌病 | | |  | | |  | 精神病 | | | | | |  | | | |  | |
| 支气管扩张 | | |  | | |  | 神经官能症 | | | | | |  | | | |  | |
| 支气管哮喘 | | |  | | |  | 吸毒史 | | | | | |  | | | |  | |
| 肺气肿 | | |  | | |  | 急慢性肝炎 | | | | | |  | | | |  | |
| 消化性溃疡 | | |  | | |  | 结核病 | | | | | |  | | | |  | |
| 肝硬化 | | |  | | |  | 性传播疾病 | | | | | |  | | | |  | |
| 胰腺疾病 | | |  | | |  | 恶性肿瘤 | | | | | |  | | | |  | |
| 急慢性肾炎 | | |  | | |  | 手术史 | | | | | |  | | | |  | |
| 肾功能不全 | | |  | | |  | 严重外伤 | | | | | |  | | | |  | |
| 结缔组织病 | | |  | | |  | 其他 | | | | | |  | | | |  | |
| **声明：本人承诺上述材料中所提供的有关信息完全准确、真实、有效，如有虚假，同意取消录用资格。 签字： 日期： 年 月 日** | | | | | | | | | | | | | | | | | | |