**社会招聘应聘人员申请表**

**应聘地市： 填表日期： 年 月 日**

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| **姓名** | |  | | | | | **曾用名** | | |  | | **性别** | |  | | |  | | |
| **国籍** | |  | | | | | **民族** | | |  | | **籍贯** | |  | | |
| **户籍地** | |  | | | | | **出生地** | | |  | | **出生日期** | |  | | |
| **身高** | | **cm** | | | | | **职称** | | |  | | **婚姻状况** | |  | | |
| **政治面貌** | |  | | | | | **最高学历** | | |  | | **学位** | |  | | |
| **毕业学校** | |  | | | | | | | | | | **专业** | |  | | | | | |
| **外语语种及等级** | |  | | | | | | **生源地** | | |  | **身份证号** | |  | | | | | |
| **现住址**  **（具体到门牌号）** | | | |  | | | | | | | | | | **邮编** | | |  | | |
| **户籍地址** | | | |  | | | | | | | | | | | | | | | |
| **联系电话** | | | |  | | | | | | | | **电子邮箱** | |  | | | | | |
| **紧急联系人**  **（配偶或直系亲属）** | | | |  | | | | | **紧急联系人联系方式** | | | | |  | | | | | |
| **与现单位签订何种劳动合同：**  **□固定期限 终止日期 ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □无固定期限 □完成某项工作为期限** | | | | | | | | | | | | | | | | | | | |
| **现待遇 \_\_\_\_\_\_ 元/年 期望待遇 \_\_\_\_\_\_\_ 元/年**  **应聘其它要求\_\_\_\_\_\_\_\_\_无\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | |
| **受教育情况** | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | | **学校/专业** | | | | | | | | | | **学历/学位** | | | | |
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| **工作经历** | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | | **单位名称及职务或岗位** | | | | | | | | **证明人及电话** | | | | | **离职原因** | |
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| **重要能力证书** | | | | | | | | | | | | | | | | | | | |
| **重要能力证书全称** | | | | | | | | | | | | | | | | **获得时间** | | | |
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| **奖惩纪录** | | | | | | | | | | | | | | | | | | | |
| **奖惩时间** | | | **奖惩单位** | | | | | | | | | **奖惩内容** | | | | | | | |
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| **有无犯罪记录：□无 □有 如果有，请说明\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | |
| **家庭成员及重要社会关系** | | | | | | | | | | | | | | | | | | | |
| **称谓** | **姓名** | | | | | **年龄** | | | **单位及岗位、职务** | | | | | | | | | | **政治面貌** |
| **父亲** |  | | | | |  | | |  | | | | | | | | | |  |
| **母亲** |  | | | | |  | | |  | | | | | | | | | |  |
| **配偶** |  | | | | |  | | |  | | | | | | | | | |  |
| **子女** |  | | | | |  | | |  | | | | | | | | | |  |
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| **有无亲属在中国人寿集团成员单位工作：**  **□无 □有 姓名\_\_\_\_\_\_\_\_ 关系\_\_\_\_\_\_ 职位\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | |
| **其他补充说明** | | | | | | | | | | | | | | | | | | | |
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| **申明：本人向中国人寿保证申请表中的信息是全面且真实的。**  **填表人签字： 日期：** | | | | | | | | | | | | | | | | | | | |