**常熟市琴川医疗健康投资管理有限公司**

**招聘报名登记表**

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| **个人信息** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | |  | | | | 性别 | | |  | | 民族 | | | |  | | | 籍贯 |  | | |  | | | |
| 出生年月 | | |  | | | | 政治面貌 | | |  | | 婚姻状态 | | | |  | | | 户籍地 |  | | |
| 身份证号码 | | | | |  | | | | | | | | | | | | | | | | | |
| 全日制教育 | 毕业院校 | | | |  | | | | | | | | 院校类别 | | | | □985 □211 √其他 | | | | | |
| 所学专业 | | | |  | | | | | | | | 在校期间  担任职务 | | | |  | | | | | | | | | |
| 毕业时间 | | | |  | | | | | | | | 计算机  等级 | | | |  | | | 外语语种  及等级 | | | |  | | |
| 在职教育  学历学位 | | | | |  | | | | | | | | 在职教育毕业院校及专业 | | | |  | | | | | | | | | |
| 职称、职业资格证书情况 | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 固定电话 | | | |  | | | | 移动电话 |  | | | | 联系地址 | | | |  | | | | | | 邮政编码 | | |  |
| 邮箱地址(请填写真实有效的邮箱地址) | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **学习经历（从高中填起）** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | 毕业院校 | | | | | 专业名称 | | | 学历 | | | | 学位 | | 担任职务 | | | | | 证明人及联系方式 | |
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| **工作经历** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | 工作单位 | | | | | | 所属部门 | | | | | | | 职务 | | | 证明人及联系方式 | | | | |
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| **家庭成员及主要社会关系** | | 姓名 | | | | 关系 | | | | 工作单位 | | | | | | | | | | 职务 | | | | | | |
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| **紧急联系人** | | | | | |  | | | | | | | | | **紧急联系人电话** | | | | | |  | | | | | |
| **在职期间工作表现、获奖情况** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **自我评价及**  **应聘理由** | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **获取招聘信息的渠道** | | | | | | □人才市场网 □51job  □前程无忧 □猎聘网  □微信公众号□他人推荐  □其他： | | | | | | | | | **现有薪酬**  **（税前）** | | | | | | 元/年 | | | | | |
| **期望薪酬**  **（税前）** | | | | | | 元/年 | | | | | |
| **有亲属或朋友在文旅系统工作** | | | | | | 否□ 是□，请填写姓名： 所在公司及职位： | | | | | | | | | | | | | | | | | | | | |
| **声明**  本人在本表中所填写的内容及提供的材料是真实准确的，无隐瞒、虚假等行为，如有不实之处，本人愿承担一切相关责任。  填表人签字： 填表日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |