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| **闽 兴 公 司 用 工 报 名 表** | | | | | | | | | | | | | | | | | | | | | | | | |
| 报考岗位： | | |  |  |  |  |  |  |  |  |  |  |  | 填写时间： 年 月 日 | | | | | | | | | | |
| 姓 名 | |  | 身 份 证 号 码 | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 出 生 年 月 | |  | 性 别 |  | 婚姻状况 | | | | |  | | | | | | | | 一 寸 相 片 | | | | | | |
| 参加工作年月 | |  | 民 族 |  | 健康状况 | | | | |  | | | | | | | |
| 毕业（就读）院校及专业 | |  | 学 历 |  | 学 位 | | | | |  | | | | | | | |
| 政 治 面 貌 | |  | | | 户口性质 | | | | | 城镇□ 农村□ | | | | | | | |
| 身 份 证 地 址 | |  | | | | | | | | 户籍地 | | | |  | | | |
| 现 家 庭 住 址 | |  | | | | | | | | | | | | | | | |
| 联 系 电 话 | |  | | | | | | | | 电脑水平/证书 | | | | | |  | | | | | | | | |
| 外 语 水 平 | |  | | | | | 职业资格证书 | | | | | | |  | | | | | | | | | | |
| 原 工 作 单 位 | |  | | | | | 是否与原工作单位解除劳动关系 | | | | | | | | | | | | | 是□ 否□ | | | | |
| 养 老 保 险 | | 已参保□ | | 未参保□ | | | 参保时间/地点 | | | | | | |  | | | | | | | | | | |
| 失 业 保 险 | | 已参保□ | | 未参保□ | | | 参保时间/地点 | | | | | | |  | | | | | | | | | | |
| 工 伤 保 险 | | 已参保□ | | 未参保□ | | | 参保时间/地点 | | | | | | |  | | | | | | | | | | |
| 生 育 保 险 | | 已参保□ | | 未参保□ | | | 参保时间/地点 | | | | | | |  | | | | | | | | | | |
| 医 疗 保 险 | | 已参保□ | | 未参保□ | | | 参保时间/地点 | | | | | | |  | | | | | | | | | | |
| 住 房 公 积 金 | | 已缴存□ | | 未缴存□ | | | 缴存时间/地点 | | | | | | |  | | | | | | | | | | |
| 学习 简历 | 起 止 时 间 | 何地何院校学习/岗位培训 | | | | | | | | | | 系别专业/培训项目 | | | | | | | 证 明 人 | | | | | |
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| 工作 简历 | 起 止 时 间 | 何 地 何 单 位 工 作 | | | | | | | | | | 职 务 | | | | | | | 证 明 人 | | | | | |
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| 备注：表中所列填报事项，如无可不填。 | | | | | | | | | | | | | | | | | | | | | | | | |

附件：