**附件1**

应聘人员登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 个人基本信息 | 姓 名 | | | |  | | | | 性 别 | | | | | |  | | | | | 照  片  （必要） | |
| 出生年月  （岁） | | | |  | | | | 籍 贯 | | | | | |  | | | | |
| 政治面貌 | | | |  | | | | 参加工作时间 | | | | | |  | | | | |
| 专业特长 | | | |  | | | | 职（执）业资格 | | | | | |  | | | | |
| 婚姻状况 | | | | | | □未婚 □已婚 □离异 子女数： 个 | | | | | | | | | | | | | | |
| 学历  信息 | | 全日制度教育 | | | |  | | | | 毕业院校及专业 | | | | | | |  | | | |
| 在职继续教育 | | | |  | | | | 毕业院校及专业 | | | | | | |  | | | |
| 本人手机号码 | | | | | |  | | | | 身份证号码 | | | | | | |  | | | |
| 本人身体状况 | | | | | | □非常健康 □健康 □有残疾 □其它 | | | | | | | | | | | | | | |
| 常住家庭地址 | | | | | |  | | | | | | | | | | | | | | |
| 拟应聘岗位 | | | | | |  | | | | | | | | | 期望薪资 | | |  | | |
| 个人兴趣爱好 | | | | | |  | | | | | | | | | | | | | | |
| **工作经历（从最近一份工作填写）** | | | | | | | | | | | | | | | | | | | | | |
| 起止日间 | | | | 工作单位/岗位 | | | | | | 取得的成绩（举例） | | | | | | | | | | | |
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| **教育培训经历（从高中/中专起填写）** | | | | | | | | | | | | | | | | | | | | | |
| 起止日间 | | | | 学校/培训机构 | | | | | | 专业/培训内容 | | | | | | | 取得的成绩（证书） | | | | |
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| **主要家庭成员** | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 关系 | | | | 年龄 | | 工作单位 | | | | | | 常住地址 | | | | | | | 联系电话 |
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| **个人自我评价** | | | | | | | | | | | | | | | | | | | | | |
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| 应聘人员承诺 | **本人承诺所填写的信息真实有效，所提交的材料真实有效，如有弄虚作假，承诺自动放弃面试、试用和转正等资格。**  应聘人员签名：    年 月 日 | | | | | | | | | | | 审查意见 | **经审查：**  **□符合/□不符合 本次招聘岗位应聘资格，可通知面试。**  审查人：  年 月 日 | | | | | | | | |