**常山县农村投资集团有限公司**

**应聘登记表**

应聘职位：

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | 性别 | | | | |  | | | | | | | 出生年月 | | | |  | | | | 照片  **photo** | |
| 户口性质 | | |  | | 政治面貌 | | | | |  | | | | | | | 婚姻状况 | | | |  | | | |
| 现工作单位 | | |  | | 职称 | | | | |  | | | | | | | 现从事的专业/工作 | | | |  | | | |
| 最高学历 | |  | | | 毕业院校 | | 全日制学校 | | | | | |  | | | | | | | | | | | 专业 |  | |
| 在职学校 | | | | | |  | | | | | | | | | | | 专业 |  | |
| 身份证号码 | | | |  | | | | | | | | | | | | | 手机 | | | |  | | | | | |
| 电子邮箱 | | | |  | | | | | | | | | | | | | 邮编 | | | |  | | | | | |
| 家庭地址 | | | |  | | | | | | | | | | | | | 家庭电话 | | | |  | | | | | |
| 掌握何种外语 | | | |  | | | | 程度如何 有无证书 | | | | | | | | |  | | | | | | | | | |
| 技能与特长 | | | |  | | | | 技能等级 | | | | | | | | |  | | | | | | | | | |
| 个人兴趣 | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 健康状况 | | | |  | | 身高 | | | | | |  | | | 体重 | | | | |  | | | | 矫正视力 | |  |
| **教**  **育**  **经**  **历** | 起止时间 | | | | | | | | | | | 学校与院系 | | | | | | | | | | 专业 | | | | |
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| 工  作  简  历 | | | 起止时间 | | 工作单位、担任职务 | | | | | | | | | | | | | | 证明人 | | | | 联系电话 | | | |
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| 家庭  成员  情况 | | | 姓名 | | 关系 | | | | 工作单位、担任职务 | | | | | | | | | | 联系电话 | | | | | | | |
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| 自我评价 | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 欲离开原单位的主要原因 | | | | |  | | | | | | | | | | | 曾经/现在工资情况 | | | | | | |  | | | |
| 接受过何种培训 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 收入期望 | | | |  | | | | | | | 可开始的工作日期 | | | | | | |  | | | | | | | | |
| 晋升期望（职位、时间） | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 培训期望（内容、日期、时间） | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 用人部门意见（签字） | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 公司领导意见（签字） | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 总经办意见(签字) | | | | |  | | | | | | 执行情况: | | | 自 年 月 日开始试用 个月,初定工资 | | | | | | | | | | | | |
| 自愿保证：本人保证表内所填写内容真实，如有虚假，愿受解职处分。  应聘人签名： 日期： | | | | | | | | | | | | | | | | | | | | | | | | | | |