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| **聘用人员信息登记表** | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | 性别 | |  | 籍贯 | | | |  | | | 民族 | | |  | | 近期免冠  2寸照片  （电子版） | | |
| 出生年月 | |  | | | | | 政治面貌 | |  | | | | | 手机号码 | | |  | | | |
| 最高学历 | |  | | | | | | | | | 毕业院校 | | | |  | | | | | |
| 身份证号 | |  | | | | | | | | | 邮箱 | | | |  | | | | | |
| 家庭住址 | |  | | | | | | | | | 紧急联络人及电话 | | | |  | | | | | |
| **应聘岗位** | |  | | | | | | | | | | | | | | | | | | | | | |
| **学习经历（自大学填起）** | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 所在学校 | | | | | | 专业 | | | | 学历/学位 | | | | 学历/学位证书编号 | | | | | 是否全日制 |
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| **工作经历（从最近的工作开始倒叙填写）** | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 工作单位 | | | | | | 岗位和职务 | | | | | 离职时薪金 | | | | 离职原因 | | | 证明人姓名及电话 | |
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| **社会关系** | | | | | | | | | | | | | | | | | | | | | | | |
| 类别 | | 姓名 | | | | | | 年龄 | | | | 单位及职业 | | | | | | | | | | | |
| 母亲 | |  | | | | | |  | | | |  | | | | | | | | | | | |
| 父亲 | |  | | | | | |  | | | |  | | | | | | | | | | | |
| 配偶 | |  | | | | | |  | | | |  | | | | | | | | | | | |
| 子女 | |  | | | | | |  | | | |  | | | | | | | | | | | |
| **培训情况** | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | 培训内容或名称 | | | | | | | | | | | | | | | | | 培训机构 | | | |
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| **获奖情况** | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | 获奖名称及等级 | | | | | | | | | | | | | | | | | 授予机关 | | | |
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| **承 诺**  1. 本人保证以上所填写之全部内容均与事实相符，如有隐瞒或欺骗，本人愿承担一切后果；2. 本人声明已与原单位无保密协议或竞业限制协议，并保证妥善处理与原单位的工作关系，如因劳动合同发生纠纷，本人愿承担一切责任。  **本人签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| **人事部门意见** | | | | | 部门负责人签字： 年 月 日 | | | | | | | | | | | | | | | | | | |
| **院党委意见** | | | | | 党委书记签字： 年 月 日 | | | | | | | | | | | | | | | | | | |
| **学院意见** | | | | | 院长签字： 年 月 日 | | | | | | | | | | | | | | | | | | |
| **填表须知：**  （1）所有栏目必须填写，没有的请填“无”。   1. 表格签字为员工本人手写签名并填写日期（可在面试时填写）。 2. 根据国家相关法律，我单位将对所提供的个人信息严格保密。 | | | | | | | | | | | | | | | | | | | | | | | |