桂平市高校毕业生就业见习申请表

申请见习单位： 桂平市社会保险事业管理中心 填表日期： 年 月 日

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| 姓 名 | |  | | | 性别 |  | | 出生  日期 | | | |  | | | | 此处粘贴应聘人员近期免冠彩色证件照片 | |
| 毕业时间 | |  | | | 籍贯 |  | | 政治  面貌 | | | |  | | | |
| 健康状况 | |  | | | 民族 |  | | 婚姻  状况 | | | |  | | | |
| 学历及证书编号 | |  | | | | | | 身高 | | | |  | | | |
| 学位及证书编号 | |  | | | | | | | | | | | | | |
| 毕业院校  及专业 | |  | | | | | | | | | 身份证  号 码 | | |  | | | |
| 外语能力 | |  | | | 有何特长 | | | |  | | | | | | | | |
| 户籍地址 | |  | | | | | | | | | | | | | | | |
| 现 住 址 | |  | | | | | | | | | | | | | | | |
| 移动电话 | |  | | | 其他联系方式 | | | | |  | | | 电子  邮箱 | | |  | |
| 主要家庭  成员情况 | | 亲属姓名 | | | 关系 | | 出生  年月 | | | 工作单位 | | | | | 职务 | | 联系电话 |
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| 证书类别 | | | | 之一 | | | | | | 之二 | | | | | 之三 | | |
| 计算机证书 | | | |  | | | | | |  | | | | |  | | |
| 外语证书 | | | |  | | | | | |  | | | | |  | | |
| 其它资格证书 | | | |  | | | | | |  | | | | |  | | |
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| 简历 | 起止  时间 | | | 院校/专业或工作单位/岗位 | | | | | | | | | | | 担任职务 | | |
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| 在校  奖惩  情况 |  | | | | | | | | | | | | | | | | |
| **承 诺** | | | **本人承诺对以上信息的完整性、真实性和准确性负责。**    **承诺人签名： 年 月 日** | | | | | | | | | | | | | | |