**应聘登记表**

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| 个  人  简  况 | 姓 名 | | |  | | | 性别 | |  | | | | 籍贯 | | |  | 民族 | | | |  | | | | 照片 | | | |
| 出生年月 | | | 年 月 日 | | | 身份证号码  （护照号） | | | |  | | | | | 政治面貌 |  | | | | | | | |
| 最高学历 | | |  | | | 毕业院校 | | | |  | | | | | | | | | | | | | |
| 婚姻状况 | | | □未婚 □已婚 □离异 □丧偶 | | | | | | | | | 生育状 况 | | | □已育 □未育 | | | | | | | | |
| 户籍所在地址 | | |  | | | | | | | | | | | | 邮编 | | |  | | | | | | 户籍性质：  □ 城镇  □ 农村 | | | |
| 现居住地址  （邮件送达地） | | |  | | | | | | | | | | | | 邮编 | | |  | | | | | |
| 电子邮箱 | | |  | | | 手机 | | |  | | | | 紧急联系人 | | |  | | | | | 紧急联系电话 | | | | |  | |
| 在其他单位  有无劳动关系 | | | * 有 * 无 | | | 如有，请说明具体单位： | | | | | | | | | | | | | | | | | | | | | |
| 教育  经历（从高中起） | 起 止 年 月 | | | | 学校名称 | | | | | | | | | | | 所学专业（课程） | | | | | | | 毕（肄）、结业或取得  证书 | | | | | |
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| 工作经历 | 起 止 年 月 | | | | 工作单位名称 | | | | | | | | | | | 担任职务 | | 离职原因 | | | | | | 证明人 | | | | 联系电话 |
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| 健康状况 | 目前健康状况：  □ 良好  □ 一般  □ 差 | | | | 1、以往重大病史（传染病、精神病、心脏病、癌症或其它慢性疾病） | | | | | | | | | | □有，请说明： □无 | | | | | | | | | | 是否孕期（女性）：  □ 是  □ 否 | | | |
| 2、三年内有无手术史 | | | | | | | | | | □有，请说明： □无 | | | | | | | | | |
| 3、有无家族遗传病史 | | | | | | | | | | □有，请说明： □无 | | | | | | | | | |
| 技术等级（职称） | | | | | | | | | | | | | | | | 何时何地取得 | | | | | | | | | | | | |
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| 各类资格证书 | | | | | | | | | | | | | | | | 何时何地取得 | | | | | | | | | | | | |
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| 本人特长、技术特长 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭成员状况 | 与本人关系 | | 姓名 | | | 性别 | | 年龄 | | | | 工作单位 | | | | | | | | 职务 | | | | | | 联系电话 | | |
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| 参加过何种民主党派和社会团体 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 何时何地受到何种奖励 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 何时何地受过何种惩处或  行政、刑事处分 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺：  1.表内所填信息均真实有效，如有虚假，本人愿意接受单位立即解除劳动合同之处分，并放弃经济补偿金要求，同时对单位由此造成的损失进行经济赔偿。  2.表内信息若发生变化，本人将在五个工作日内，以书面形式告知单位人事部门更改信息，若由本人原因造成延误通知或瞒报、漏报、错报的，本人愿意承担一切后果。  3.表内填写的现居住地址为邮件送达地址，如因本人填写错误或信息变更未及时通知公司，而造成邮件无法送达的,责任自负。  4.本人承诺:在与公司建立劳动关系之时，已与其他单位无劳动关系，并已完全解除培训协议、保密协议、竞业限制协议等就业约束性协议。本人与其他单位不存在任何劳动、经济纠纷。  员工签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |