漳州卫生职业学院劳务派遣人员登记表

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| **姓名** |  | **性别** | |  | | **出生**  **年月** | |  | | **一寸免冠**  **彩照** | | |
| **籍贯** |  | **民族** | |  | | **户口**  **状况** | | **农村 □**  **城镇 □** | |
| **政治**  **面貌** |  | **身高** | |  | | **婚姻**  **状况** | |  | |
| **学历** |  | **学位** | |  | | **身份证**  **号码** | |  | | | | |
| **有何**  **特长** |  | **健康**  **状况** | |  | | **应聘**  **岗位** | |  | | | | |
| **毕业**  **院校** |  | | | | | **专业** | |  | | | | |
| **家庭**  **住址** |  | | | | | **联系**  **电话** | |  | | | | |
| **学习**  **简历（从初中起填不间断）** | **起止时间** | | **就读学校** | | | | | **职务或专业** | | | | **证明人** |
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| **工作**  **简历** | **起止时间** | | **工作单位** | | | | | **岗位及职务** | | | | **证明人** |
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| **获奖情况** | **获奖时间** | | **获奖名称** | | | | | **颁奖单位** | | | | |
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| **家庭成员及主要社会关系** | **姓名** | | **关系** | | **工作单位及职务** | | | | | | | |
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| **其他** | **是否与其它单位签订劳动合同** | | **是否服过兵役** | | **缴交过各类社会保险名称** | | | | | | **缴交类型** | |
|  | |  | |  | | | | | | **单位缴交**  **个人自付** | |
| **其他需要说明的事项** |  | | | | | | | | | | | |
| **审核意见** |  | | | | | | **招聘单位意见** | |  | | | |
| **备注** | **本人承诺：以上信息真实有效，若有虚假不实之处，愿承担相应的法律责任和由此产生的一切后果。**  **承诺人签字：**  **年 月 日** | | | | | | | | | | | |

**注：本表用A4纸双面打印**