**竞秀区人民政府办公室劳务派遣人员报名登记表**

**填表日期： 年 月 日**

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| 基  本  信  息 | 姓名 | |  | | | | 年龄 | | | |  | | 应聘岗位 | | | |  | | | | | |  | |
| 曾用名 | |  | | | | 性别 | | | |  | | 联系电话 | | | |  | | | | | |
| 出生年月 | | 年 月 日 | | | | □农历□公历 | | | | 身高 | |  | | | | 体重 | | |  | | |
| 婚姻状况 | | □已婚□未婚□离异 □丧偶，其他： | | | | | | | | | | | | | | 民族 | | |  | | |
| 生育状况 | | □已育 几孩（男孩女孩） □未育 计划： | | | | | | | | | | | | | | | | | | | |
| 既往病史 | | □有□无 | | 传染病史 | | | □有□无 | | | 宗教信仰 | | |  | | | | 政治面貌 | | | | |  | |
| 血型 | |  | | 星座 | | |  | | | 爱好/特长 | | |  | | | | | | | | | | |
| E-mail | |  | | | | 微信 | | | |  | | | 身份证号 | | | |  | | | | | | |
| 户口所在地 | |  | | | | 现家庭住址 | | | |  | | | | | | | | | | | | | |
| 保险情况 | | □五险□住房公积金□其他：□无 | | | | | | | | | | | | | | 档案所在地 | | | | |  | | |
| 紧急联系人 | |  | | | 紧急联系人电话 | | | |  | | | | | | | | | 期望薪资 | | | |  | |
| 教育经历  **高中起点** | | （**由高至低**）学习起止时间 | | | | | 学校名称 | | | | | | | | | 学历 | | | | | 专业 | | | |
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| 资格证书或职称 | | | |  | | | | | | | | | | | | | | | | | | | | |
| **为体现对家人的尊重，请将家人信息填写完整;未婚的填写父母、已婚的填写配偶子女，谢谢。** | | | | | | | | | | | | | | | | | | | | | | | | |
| 家  庭  信  息 | | 姓名 | | 关系 | | | | 年龄 | | | 工作单位 | | | | | | | | | | | 职业 | | |
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| 工  作  经  历 | | 工作起止时间  （**由近及远**） | | 公司名称 | | | | | 职务 | | | 薪酬水平 | | | 证明人 | | | | | 电话 | | | | 离职原因 |
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| 工作中受过的奖励或业绩 | | | |  | | | | | | | | | | | | | | | | | | | | |
| **声明：本人承诺以上所填信息客观真实，如有不实同意按相关法规执行。**  应聘者签名： 日期： | | | | | | | | | | | | | | | | | | | | | | | | |

注：需要填写完全，不得有空项。