应聘人员登记表

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| 基 本 信 息 | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | |  | | | 性 别 | | | |  | | | | 出生年月  （ 岁） | | |  | | | | | 照片 | |
| 民 族 | | |  | | | 籍 贯 | | | |  | | | | 出 生 地 | | |  | | | | |
| 户籍所在地 | | |  | | | 婚姻状况 | | | |  | | | | 政治面貌 | | |  | | | | |
| 入党时间  （预备） | | |  | | | 参加工作时间 | | | |  | | | | 工作年限 | | |  | | | | |
| 职称 | | |  | | | 职称专业 | | | |  | | | | 职业资格证书 | | | | | |  | | | |
| 最高全日制  学历 | | |  | | | 学 位 | | | |  | | | | 身份证号  （外籍人士请填写护照号） | | | | | |  | | | |
| 移动电话 | | |  | | | 固定电话 | | | |  | | | | Email地址 | | |  | | | | | | |
| 现居住地址 | | |  | | | | | | | | | | | 可以开始  工作时间 | | |  | | | | | | |
| 当前月薪酬（税前） | | | |  | | | | | | 期望月薪酬（税前） | | | | | | |  | | | | | | |
| 教 育 经 历（从高中开始填起） | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | **学校名称** | | | | | | **专业** | | | **教育类别** | | | | **学位** | | | | **学习形式** | | | |
| **高中/大专/本科等** | | | | **全日制/在职/课程班** | | | |
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| 工 作 经 历 | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | **单位** | | | | | **部门、岗位** | | | | **职务、职级** | | | | **主要工作职责** | | | **上级主管及电话** | | | **人力资源部联系人及电话** | | |
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| 家 庭 成 员 | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | **与本人关系** | | | | **工作单位** | | | | | | | | | **职务** | | | | | **政治面貌** | | | | |
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| 主 要 社 会 关 系 | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | **与本人关系** | | | | **工作单位** | | | | | | | | | **职务** | | | | | **政治面貌** | | | | |
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| 职 称/技 能/资 格 证 书 | | | | | | | | | | | | | | | | | | | | | | | |
| **获取日期** | | **类别** | | | | | | **名称** | | | | | **证书颁发单位** | | | | | | | | | | |
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| 主 要 业 绩 及 应 聘 理 由 | | | | | | | | | | | | | | | | | | | | | | | |
| （以纲要形式列出，不超过500字） | | | | | | | | | | | | | | | | | | | | | | | |
| 其 他 需 要 说 明 事 项 | | | | | | | | | | | | | | | | | | | | | | | |
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| 其 他 问 题 | | | | | | | | | | | | | | | | | | | | | | | |
| 您是否有亲属在本公司工作？请在《应聘人员近亲属关系申报承诺书》上详细填写。 | | | | | | | | | | | | | | | | | | | | | | | |
| 从何处获得此招聘信息？1、公司网站；2、公司员工介绍（请注明姓名）；3、专业招聘网站（请注明）；4、其他（请注明） | | | | | | | | | | | | | | | | | | | | | | |  |
| 目前您是否与其他用人单位建立了劳动关系？（包括签订了书面劳动合同或者存在事实上的劳动关系） | | | | | | | | | | | | | | | | | | | | | | |  |
| 是否与目前任职公司有服务期、竞业限制等约定，如有，请说明。如没有，请填写“否” | | | | | | | | | | | | | | | | | | | | | | |  |
| 您在报到后能否将个人人事档案转入公司？ | | | | | | | | | | | | | | | | | | | | | | |  |
| 是否有家族遗传病史、职业病？请详细告知。如没有，请填写“否”。 | | | | | | | | | | | | | | | | | | | | | | |  |
| 您是否参加了/参加过任何非法组织或团体？ | | | | | | | | | | | | | | | | | | | | | | |  |
| 您是否服从岗位调剂？ | | | | | | | | | | | | | | | | | | | | | | |  |

本人承诺：以上陈述及回答内容均属实；如与事实有任何不符，本人认同并接受公司在知悉真实情况时做出的任何处理结果，并愿承担一切法律责任。

**本人签名（签名、手印）：**

**填表日期：**