附件 2

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应聘岗位 | | |  | | | | | | | | | | | | 现任职单位及岗位 | | | |  | | | | | |
| 姓名 | | |  | | | | | 性别 | | |  | | | | 出生日期 | |  | | 年龄 | |  | 彩色免冠证件照  （一定要有） | | |
| 籍贯 | | |  | | | | | 民族 | | |  | | | | 政治面貌 | |  | | | | |
| 出生地 | | |  | | | | | 身高（cm） | | |  | | | | 入党时间 | |  | | | | |
| 身份证号码 | | | | |  | | | | | | | | | | 电子邮箱 | |  | | | | |
| 银行卡号 | | | | |  | | | | | | | | | | 开户行 | |  | | | | | | | |
| 户口类型 □城镇 □农村 | | | | | | | | | | | | | | | 户籍地址 | |  | | | | | | | |
| 学历  学位 | 全日制最高学历 | | | | | | | | |  | | 学位 |  | | 毕业院校 | |  | | | | | 专业 | |  |
| 在职最高学历 | | | | | | | | |  | | 学位 |  | | 毕业院校 | |  | | | | | 专业 | |  |
| 特长 |  | | | | | | | 专业技术职称名称和编号 | | | |  | | | 资格证书名称和编号 | | | | |  | | | | |
| 联系电话 | | | |  | | | | | | | | | | | 紧急联系人电话/姓名 | | | | |  | | | | |
| 兵役状况 □未服役 □退伍志愿兵 □退伍义务兵 □军转干部 □参战军人 □重点优抚对象 | | | | | | | | | | | | | | | | | | | | | | | | |
| 入伍时间 | |  | | | | | | | 退伍（转业）时间 | | | | |  | | 军龄 | |  | 退伍证号码 | | | |  | |
| 现居住地址（本人长住） | | | | | | | | |  | | | | | | | | | | | 邮政编码 | | |  | |
| 身份证地址 | | | | | |  | | | | | | | | | | | | | | 邮政编码 | | |  | |
| 有无家庭病史 □有 □无 说明 | | | | | | | | | | | | | | | 健康情况 □好 □良好 □其他 | | | | | | | | | |
| 身体状况特别说明 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 五险一金购买情况 | | | | | | | | □养老保险 □医疗保险 □生育保险 □工伤保险  □失业保险 □公积金 □企业年金 | | | | | | | | | | | | | | | | |
| **学习经历（从高中开始写至最高学历）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止（年－月-日） | | | | | | | | 毕业院校或培训机构 | | | | | | | | | 专业 | | | 学历/编号 | | | | |
|  | | | | | | | |  | | | | | | | | |  | | |  | | | | |
|  | | | | | | | |  | | | | | | | | |  | | |  | | | | |
|  | | | | | | | |  | | | | | | | | |  | | |  | | | | |

湖南旅游集团应聘表

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **工作经历（第一次参加工作起）** | | | | | | | | | |
| 起止（年－月一日） | | 工作单位及部门 | | 岗位/职务 | | 证明人 | 证明人  职务 | | 电话 |
|  | |  | |  | |  |  | |  |
|  | |  | |  | |  |  | |  |
|  | |  | |  | |  |  | |  |
| 家庭情况及主要成员 | 婚姻状况： □未婚 □已婚 □离异 □其他： 子女状况：□有 □无 | | | | | | | | |
| 家庭成员称谓 | 姓名 | 出生（年-月-日） | 政治面貌 | | 工作单位/就读学校 | | | |
|  |  |  |  | |  | | | |
|  |  |  |  | |  | | | |
|  |  |  |  | |  | | | |
|  |  |  |  | |  | | | |
| 是否与集团（含下属子公司）干部职工有亲属关系 | | 是□ | 具体亲属关系 | 工作单位 | | | | 职务 | |
|  |  | | | |  | |
| 否□ |  | | | | | | |
| 是否有传染病、精神病或任何既往病史？ | | 是□ 否□ | 如有请说明 | |  | | | | |
| 是否与其他公司签订过“竞业禁止”协议？ | | 是□ 否□ | 如有请说明 | |  | | | | |
| 突出业绩或重大项目工作经历 | |  | | | | | | | |
| 获奖情况及其他说明 | |  | | | | | | | |
| **个人声明** | | | | | | | | | |
| **我郑重承诺，以上信息均为真实有效信息。** | | | | | | | | | |
| 签名： 填表日期： | | | | | | | | | |