**应聘人员报名表**

**应聘岗位： 招聘联系人： 填表时间： 年 月 日**

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| 姓名 |  | | | 性别 | |  | 出生年月 |  | | 民族 | | |  | | | | | 照片 |
| 学历 |  | | | 学位 | |  | 籍贯 |  | | 政治面貌 | | |  | | | | |  |
| 婚否 |  | | | 身高 | | cm | 体重 | kg | | 血型 | | |  | | | |  | |
| 现住地址 |  | | | | | | | | | | | | | | | | |  |
| 手机号码 | | |  | | | | | 电子邮箱 | | | |  | | | | | | |
| 原薪资收入 | | |  | | | | | 期望薪资 | | | |  | | | | | | |
| 预计到岗时间 | | |  | | | | | 兴趣/特长 | | | |  | | | | | | |
| 个人个性评价 | | |  | | | | | | | | | | | | | | | |
| 职业发展规划 | | |  | | | | | | | | | | | | | | | |
| **本 人 主 要 工 作 经 历** | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 工作单位 | | | | | | 职位 | | | | 证明人 | | 联系方式 | | | |
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| **教 育 及 培 训（高中起）** | | | | | | | | | | | | | | | | | | |
| 类型 | | 起止时间 | | | 学校或教育机构名称 | | | 专业 | | | 学制 | | 证明人 | | | 联系方式 | | |
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| **补 充 事 项** | | | | | | | | | | | | | | | | | | |
| 是否为本公司员工推荐：□是 □否？推荐人姓名：  学历是否统招：：□是 □否  个人身体情况申明：  1、有无传染病史。**有（　）**何时 　 病种 　 是否痊愈　　　 　**无（　）**  2．有无身体残疾。**有（** 何处: 　 有无残疾人证： □有 □无**） ，无（　）** | | | | | | | | | | | | | | | | | | |
| **个人**  **声明** | | **本人承诺以上内容全部属实、如有不实之处，后果自负。** | | | | | | | | | | **本人**  **签字** | |  | | | | |