附件：

格尔木应急粮油储备有限公司

应聘人员报名登记表

应聘岗位： 填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名（曾用名） |  | | | 性 别 | | | | | |  | | | 出生年月 | | | | | |  | | | | | 照  片 |
| 民 族 |  | | | 籍 贯 | | | | | |  | | | 参加工作时间 | | | | | |  | | | | |
| 出生地 |  | | | 现居住地 | | | | | |  | | | | | | | | | | | | | |
| 入党时间 |  | | | | 身份证号 | | | | |  | | | | | | | | | | | | | |
| 专业技术职称 |  | | | | | | | | | 熟悉专业  及特长 | | | | |  | | | | | | | | | |
| 婚姻状态 |  | | | | | | | | | 生育 | | | | | 未育□ 已育□（ 个孩子） | | | | | | | | | |
| 学 历 | 全日制教育起点学历 |  | | | | | | | | 毕业院校及专业名称 | | | | | | | | |  | | | | | |
| 学历证书 | | | | 有 □  无 □ | | | | | 学位证书 | | | | 有□ 无□ | |
| 全日制教育最高学历 |  | | | | | | | | 毕业院校及专业名称 | | | | | | | | |  | | | | | |
| 学历证书 | | | | 有 □  无 □ | | | | | 学位证书 | | | | 有□ 无□ | |
| 在职教育 |  | | | | | | | | 毕业院校及专业名称 | | | | | | | | |  | | | | | |
| 学历证书 | | | | 有 □  无 □ | | | | | 学位证书 | | | | 有□ 无□ | |
| 工作单位及职务 |  | | | | | | | | | | | | 单位人事  部门电话 | | | | | | |  | | | | |
| 联系方式 |  | | | | | | | | | | | | 电子邮箱 | | | | | |  | | | | | |
| 是否服从  岗位调剂 | 是□ 否□ | | | | | | | | 是否服从下一级岗位调剂 | | | | | | | | | | 是□ 否□ | | | | | |
| 薪酬意愿 | 最低可接受的税前年薪： | | | | | | | | | | | | | 期望的税前年薪： | | | | | | | | | | |
| 个人学习经历 | 起止时间 | | | | | | 学习  阶段 | | | | 毕业院校 | | | | | | 所学专业 | | | | 教育性质  （全日制、在职等） | | | |
|  | | | | | | 专科 | | | |  | | | | | |  | | | |  | | | |
|  | | | | | | 本科 | | | |  | | | | | |  | | | |  | | | |
|  | | | | | | 硕士 | | | |  | | | | | |  | | | |  | | | |
|  | | | | | | 博士 | | | |  | | | | | |  | | | |  | | | |
| 个人工作经历 | 起止时间 | | | | | 单位名称 | | | | | | | | | | | | 岗位名称 | | | | 证明人及联系电话 | | |
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| 个人工作业绩 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员备注：1.父母；2.如有兄弟姐妹、配偶（含离异）和子女也必须填写。 | 称 谓 | | 姓 名 | | | | | 年龄 | | | | 政治面貌 | | | | 工作单位及职务 | | | | | | | | |
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| 获奖情况 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 违法违纪  处罚情况 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 其他需要  说明的问题 |  | | | | | | | | | | | | | | | | | | | | | | | |
| 报名人声明 | 本表内容真实可靠，本人愿意承担其法律责任。声明人（手写签字）： | | | | | | | | | | | | | | | | | | | | | | | |