**苏州历史文化名城发展集团有限公司应聘人员基本信息表**

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| 应聘岗位 | | |  | | | | | | | | | | | | | | | | | | | 一寸  正面  免冠  照片 | | |
| 姓名 | |  | | | 性别 | | |  | | 出生年月 | | |  | 民族 | |  | 政治面貌 | | |  | |
| 籍贯 | |  | | | 户籍所在地 | | | | |  | | | 身份证号 | |  | | | | | | |
| 全日制教育 | | | 学历 | | |  | | 学位 | | |  | 毕业院校 | |  | | | | | 专业 |  | |
| 在职教育 | | | 学历 | | |  | | 学位 | | |  | 毕业院校 | |  | | | | | 专业 |  | |
| 专业技术职务（职称） | | | | | | | |  | | | | | | 特长 | |  | | | | | |
| 参加工作时间 | | | |  | | | | 可到岗时间 | | | |  | | 健康状况 | | |  | | | 婚育状况 | | |  | |
| 家庭住址 | | |  | | | | | | | | | | | | | | | 联系电话 | | |  | | | |
| 家  庭  关  系 | 称谓 | | | 姓名 | | | | | 政治面貌 | | | | 工作单位 | | | | | | | | | 职务 | | |
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| 从何处了解我单位 | | | | | | □广告 □网站 □媒体 □业务接触 □朋友 □招聘会 □其他 | | | | | | | | | | | | | | | | | | |
| 是否应聘过我单位 | | | | | | □是 □否 | | | | | | | | 是否有亲属在我单位工作 | | | | | | □是 □否 | | | | |
| 档案所在地：  养老保险缴纳情况： 住房公积金缴纳情况：  目前薪水（税前年收入）： 期望薪水（税前年收入）： | | | | | | | | | | | | | | | | | | | | | | | | |
| 教  育  背  景 | 时间 | | | 毕业院校 | | | | | | | | | | 专业 | | | | | | 毕/肄业 | | | | 证明人 |
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| 培  训  记  录 | 时间 | | | 培训学校/机构/单位 | | | | | | | | | | 培训课题 | | | | | | 证书 | | | | 证明人 |
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| 工  作  履  历 | 时间 | | | 工作单位 | | | | | | | | | 职务 | 主要业绩 | | | | | | 离职原因 | | | | 证明人 |
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| 是否有既往病史 | | | | | | | 简要病史： | | | | | | | | | | | | | | | | | |
| □是 □否 | | | | | | |
| 是否受过行政刑事处罚 | | | | | | | 简要说明： | | | | | | | | | | | | | | | | | |
| □是 □否 | | | | | | |
| 本人承诺：上述表格中所填写内容真实、完整、有效，如有虚假，由本人承担一切责任。  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |