附件2：

江苏海润城市发展集团有限公司公开招聘

工作人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性 别 | | |  | | | | 出生年月  （ 岁） | | | |  | | | | 照片粘贴处 | |
| 民 族 |  | | | | | 籍 贯 | | |  | | | | 出生地 | | | |  | | | |
| 政治面貌 |  | | | | | 入党时间 | | |  | | | | 参加工  作时间 | | | |  | | | |
| 专业技  术职务 |  | | | | | | 职业资格证书 | | | |  | | | | | | | | | | 健康状况 |  |
| 学历  学位 | 全日制  教育 | |  | | | | | | | 毕业院校  系及专业 | | | |  | | | | | | | | |
| 在职  教育 | |  | | | | | | | 毕业院校  系及专业 | | | |  | | | | | | | | |
| 现工作单位及职务 | | |  | | | | | | | | | | | | | | | | | | | |
| 应聘岗位  序号 |  | | 应聘单位、岗位 | | | | | | |  | | | | | | | | | 期望薪资  （年薪） | | |  |
| 个人学习经历 （从大学填起） | 起止时间 | | | | 学校 | | | | | | | | | 专业 | | | | | | | 学历 | |
| □ | | | |  | | | | | | | | | □ | | | | | | | □ | |
|  | | | |  | | | | | | | | |  | | | | | | |  | |
|  | | | |  | | | | | | | | |  | | | | | | |  | |
| 个人工作简历  （自参加工作之日起、由远及近填写，可附多行） | 起止时间 | | | | 工作单位 | | | | | | | | | 岗位及职务 | | | | | | | 证明人及 联系方式 | |
|  | | | |  | | | | | | | | |  | | | | | | |  | |
|  | | | |  | | | | | | | | |  | | | | | | |  | |
|  | | | |  | | | | | | | | |  | | | | | | |  | |
|  | | | |  | | | | | | | | |  | | | | | | |  | |
|  | | | |  | | | | | | | | |  | | | | | | |  | |
|  | | | |  | | | | | | | | |  | | | | | | |  | |
|  | | | |  | | | | | | | | |  | | | | | | |  | |
| 工作业绩奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | |
| 家庭  主要  成员  及  重要  社会  关系 | 称谓 | | | 姓名 | | | | 出生年月 | | | | 政治  面貌 | | | 工作单位及职务 | | | | | | | |
|  | | |  | | | |  | | | |  | | |  | | | | | | | |
|  | | |  | | | |  | | | |  | | |  | | | | | | | |
|  | | |  | | | |  | | | |  | | |  | | | | | | | |
|  | | |  | | | |  | | | |  | | |  | | | | | | | |
|  | | |  | | | |  | | | |  | | |  | | | | | | | |
| 家庭  住址 | |  | | | | | | | | | | | | | | | | 邮编 | | |  | |
| 个人邮箱  （必填，与报名邮箱一致） | |  | | | | | | | | | | | | | | QQ或微信 | | | |  | | |
| 身份证号码 | |  | | | | | | | | | | | | | | 联系电话 | | | |  | | |
| 声明 | 是否有亲属在本集团或子公司工作？□无 □有，请列出： | | | | | | | | | | | | | | | | | | | | | |
| 有无重大疾病史、慢性病史或传染病史？□无 □有，请列出： | | | | | | | | | | | | | | | | | | | | | |
| 是否同意本公司对您做背景调查？ □同意 □不同意 | | | | | | | | | | | | | | | | | | | | | |
| 本人所填以上资料均真实无误，若有不实或虚构，本人愿意承担全部责任。  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | |