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| 应聘人员登记表（xxx） | | | | | | | | | | | | | | | | | | | | | | | | |
| **基本情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 | |  | | | 出生年月 | | | 年 月 | | | 参加工作  时间 | |  | | | 照 片 | | | | |
| 年龄 | | | 岁 | | |
| 民族 |  | | | 籍贯 | |  | | | 户籍所在地 | | |  | | | 现居地 | |  | | |
| 身高 | CM | | | 体重 | | KG | | | 健康状况 | |  | | |
| 政治 面貌 |  | | | 入党 时间 | |  | | | 身份证号码 | | |  | | | | | | | |
| 婚姻 状况 | □未婚 □已婚 □离异 □丧偶 | | | | | | | | 生育状况 | | | □尚未育孩 □已育一孩 □已育二孩 □其他 | | | | | | | | | | | | |
| 联系电话 | | |  | | | | | | | | | 邮箱 | | | |  | | | | | | | | |
| 有无犯罪记录：□有 □无 是否与现或原单位签订过竞业限制协议： □有 □无 | | | | | | | | | | | | | | | | | | | | | | | | |
| **教育经历（请从高中填起）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 年/月----年/月 | | | | 学校 | | | | | | 专业 | | | | 是否全日制 | | | | | 学历 | | | | 学位 | |
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| **培训经历** | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 年/月----年/月 | | | | 培训机构 | | | | | 培训项目 | | | | 主要内容 | | | | | 培训考评成绩 | | | 获证情况 | | | |
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| **资格、技能认证信息** | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格、技能证书名称 | | | | | 发证机构 | | | | | | 发证时间 （年月） | | | | 证书号 | | | | | 专业内容简要说明 | | | | |
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| **工作经历（从最后一次填起）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 年/月 ------ 年/月 | | | | | 工作单位 | | | | | | 企业性质（外资/国企/私企） | | | 部 门 | | | | 职 位 | | | | 离辞原因 | | |
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| 岗位职责简要描述： | | | | | | | | | | | 工作业绩简要描述： | | | | | | | | | | | | | |
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| 岗位职责简要描述： | | | | | | | | | | | 工作业绩简要描述： | | | | | | | | | | | | | |
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| 岗位职责简要描述： | | | | | | | | | | | 工作业绩简要描述： | | | | | | | | | | | | | |
| **家庭主要成员** | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 与本人关系 | | | | | | 年龄 | | | 联系方式 | | | | 工作单位及职务 | | | | | | | | | |
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| **自我评价及特别说明的事项** | | | | | | | | |  | |  | | | |  | |  | | | | |  | |  |
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| **本人承诺:** | | | | | | | | | | | | | | | | | | | | | | | | |
| 本表所填写的所有内容均为本人真实情况，如有虚构或隐瞒事项，本人愿意放弃应聘；即使已被录用也愿意接受无偿解除劳动合同之处理并承担相应的法律责任。 | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请人签名： 时间：** | | | | | | | | | | | | | | | | | | | | | | | | |
| **单位承诺：**本表及所填写的所有内容，单位仅用于招聘事项，并负有保密义务。 | | | | | | | | | | | | | | | | | | | | | | | | |
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