附件

应聘人员登记表

**在填写表格之前,请认真阅读诚信声明并签字。**

**本人入职前已与前单位解除劳动关系，并谨保证以下所填报材料真实无误，同意公司核查填报材料的真实性，如被证实为提供虚假材料、故意隐瞒事实或有与事实不符的地方，本人愿意接受任何处理，自愿承担法律责任，公司将有权随时解除劳动关系，且不支付任何经济补偿。**

**签名： 日期：**

**希望应聘职位：**① ② ③

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| 姓 名 | | |  | | 性 别 | | |  | 民 族 | | | | | |  | | 籍 贯 | | | |  | | | | | 照片 | |
| 出生年月 | | |  | | 婚姻状况 | | |  | 身 高 | | | | | |  | | 薪资要求区间 | | | |  | | | | |
| 身份证号码 | | |  | | | | | | 职 称 | | | | | | | |  | | | | | | | | |
| 户籍所在地 | | |  | | | | | | 政治面貌 | | | | | | | | □党员 □团员 □群众 □其他 | | | | | | | | |
| 家庭详细地址 | | |  | | | | | | | | | | | | | | 邮政编码 | | | | | | |  | | | |
| 个人现详细住址 | | |  | | | | | | | | | | | | | | 有无驾照 | | | | | | | □有 □无 | | | |
| 健康状况 | | | 有无下列病史：🞎有（高血压、心脏病、糖尿病、中风、癫痫病、间歇性精神病、各类传染病、其他疾病 ）🞎无 🞎曾接受过的大手术 | | | | | | | | | | | | | | | | | | | | | | | | |
| 联 系 方 式 | | | 家庭电话 | | | |  | | | | | | | | | | 固定手机号码 | | | | | | |  | | | |
| E-MAIL | | | |  | | | | | | | | | | 紧急联系人及电话 | | | | | | |  | | | |
| 毕业学校 | | |  | | | | | | | | 毕业时间 | | | | | |  | | | | | | | 学 历 | | |  |
| 专 业 | | |  | | | | | | | | 计算机水平 | | | | | |  | | | | | | | | | | |
| 档案寄存处 | | |  | | | | | | | | 特 长 | | | | | |  | | | | | | | | | | |
| 应聘人员信息来源 | | | 现场招聘会□ 招聘人员主动联系□ 报纸□ 招聘网站□ 熟人介绍或推荐□ 其它□ | | | | | | | | | | | | | | | | | | | | | | | | |
| 集团内亲属朋友关系 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 为什么愿意到本公司工作？ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **主要学习经历（要求从高中以后填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | 学校名称 | | | | | | | | | | | | | | 专业 | | | | 获奖情况 | | | | | | | |
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| **主要（实习）工作经历（请核对工作起止年月）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | 工作单位 | | | | | | | | | | | 职务/岗位 | | | | | | 离职原因 | | | | | | | | 薪酬 | |
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| **工作经历证明人（请提供您最后工作过的三家公司的人事部门或者部门经理以上职位的工作证明人，必须填写，公司将核查填报材料的真实性）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 公司名称/任职部门/职位 | | | | | | | | 公司具体地址 | | | | | | | | | | | | | 联系方式  （固定电话或者手机） | | | | |
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| **家庭主要直系亲属情况（必须填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | 称谓 | | | | | | | | | 工作单位及职务 | | | | | | | | | 联系方式 | | | | | |
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| **工作期间主要任务及工作业绩说明** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目名称及参与起止时间 | | | | | | | 工作业绩/任务简述 | | | | | | | | | | | | 个人责任描述 | | | | | | | | |
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| **参加的主要培训经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | | | | 培训名称 | | | | | | | | 提供机构及讲师 | | | | | | | | | | | 主要内容 | | |
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