**应聘人员登记表**

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| **填表日期：** |  | **年** |  | **月** |  | **日** |

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| **姓 名** |  | | | **性 别** | |  | | | **出 生 日 期** | | | |  | | | ☐公历 | | | | **婚 否** |  | | | **相片** | | | |
| ☐农历 | | | |
| **籍 贯** |  | | | **民 族** | |  | | | **政 治**  **面 貌** | | | |  | | | | | | | **身 高** |  | | |
| **体 重** |  | | |
| **毕 业**  **院 校** |  | | | | | | | | **所 学**  **专 业** | | | |  | | | | | | | **毕 业**  **时 间** |  | | |
| **学 历** |  | | **文 凭**  **性 质** | | |  | | | **学 位** | | | |  | | | | | | | **工 龄** |  | | | **应 聘**  **渠 道：** | | | **☐线下招聘会**  **☐ 网络渠道**  **☐ 本校网站 ☐ 其他：** |
| **教 龄** |  | | **职 称** | | |  | | | **任 职**  **时 间** | | | |  | | | | | | | **任 职专 业** |  | | |
| **身 份**  **证 号** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **户 口**  **所在地** |  | | | | | | | | | | | | | | | | ☐ 城镇 | | | | **本 人**  **手 机** | | |  | | | |
| ☐ 农村 | | | |
| **档 案**  **所在地** |  | | | | | | | | | | | | | | | | | | | | **个人**  **邮箱** | | |  | | | |
| **现家庭**  **住 址** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **应 聘**  **岗 位** | **在校期间任学生干部情况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **专 业**  **特 长** |  | | | | | | **计算机**  **能 力** | | |  | | | | | **外 语**  **能 力** | | | |  | | | | **兴 趣**  **爱 好** | | |  | |
| **紧 急**  **联系人** | **关系：** |  | | | | | | | | **姓名：** | | |  | | | | | | **电话：** | | | |  | | | | |
| **家 庭**  **成 员** | **关 系** | | | | **姓 名** | | | | | | **工 作 单 位** | | | | | | | | | | | | **联 系 电 话** | | | | |
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| **学 历**  **及培训** | **起止时间** | | | | **学校名称** | | | | | | **所学专业** | | | | | | | **学 历** | | | | | **证明人** | | **证明人联系电话** | | |
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| **工 作**  **经 历** | **起止时间** | | | | **单位或企业** | | | | | | **部 门** | | | **职 务** | | | | **离职原因** | | | | | **证明人** | | **证明人联系电话** | | |
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| **奖惩**  **情况** | 所获嘉奖： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否有记过处分：🞎是 🞎否 是否有被劳动教养：🞎是 🞎否  是否被拘留或者被依法追究刑事责任：🞎是 🞎否 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **健康**  **状况** | 健康🞎 | | | | | | | 简要病史 | | | |  | | | | | | | | | | | | | | | |
| 一般🞎 | | | | | | |
| 欠佳🞎 | | | | | | | 其他病史 | | | | 精神疾病：有🞎 无🞎 | | | | | | | | | | 传染疾病：有🞎 无🞎 | | | | | |
| **期望最低工资** |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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