报名表

填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应聘职位 |  | | | | | | | | | | | | | | 同意调剂 | | | | | □是 □否 | | | | | | 照 片 | | |
| 姓　名 |  | | | | | 性　别 | | | |  | | | | | 出生日期 | | | | |  | | | | | |
| 民　族 |  | | | | | 政治面貌 | | | |  | | | | | 籍 贯 | | | | |  | | | | | |
| 婚姻状况 | □未婚□已婚□离异 | | | | | 是否有孩子 | | | | □是 □否 | | | | | 身高（CM) | | | | |  | | | | | |
| 目前年薪 |  | | | | | 血 型 | | | |  | | | | | 体重（KG) | | | | |  | | | | | |
| 健康状况 | 职业病.残疾.隐疾.怀孕等 □是 □否 | | | | | | | | | | | | | | 户口性质 | | | | | □农村 □城镇 | | | | | | | | |
| 电子邮箱 |  | | | | | 微信 | | | | | | |  | | | | | | | QQ | | | | | |  | | |
| 现详细住址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作年限 |  | | | | | 外语及水平 | | | |  | | | | | 驾照种类及驾驶年限 | | | | | | | | |  | | | | |
| 最高学历 |  | | | | | 毕业时间 | | | |  | | | | | 毕业学校 | | | |  | | | | | | | | | |
| 所学专业 |  | | | | | 受教育方式 | | | | □统招 □成教 □自考 □其他： | | | | | | | | | | | | | | | | | | |
| 身份证号 | | | |  | | | | | | | | | | | | 手　　机 | | | | | | |  | | | | | |
| 紧急联系人 | | | |  | | | | | | | | | | | | 联系方式 | | | | | | |  | | | | | |
| 重要证书及职称 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘渠道 | | | | □招聘网站 □猎头 □社交APP □内部员工推荐，推荐人 | | | | | | | | | | | | | | | | | | | | | | | | |
| 办公软件 | | | | Word、Excel、Powerpoint | | | | | | | | □不会 □一般 □良好 □精通 | | | | | | | | | | | | | | | | |
| 其他 | | | | | | | | □不会 □一般 □良好 □精通 | | | | | | | | | | | | | | | | |
| 原单位劳动关系解除或终止 | | | | | | | | | | | | □是 □否 □其他情况： | | | | | | | | | | | | | | | | |
| 能否加班 | □接受 □不接受 | | | | 能否出差 | | | | □接受 □不接受 | | | | | | | | 是否接受工作地点或职务调动 | | | | | | | □接受 □不接受 | | | | |
| 期望薪资 |  | | | | 到岗周期 | | | |  | | | | | | | | 其他要求 | | | | | | |  | | | | |
| □有亲友在公司工作 | | | | 姓名 |  | | | | 关系 | | | | |  | | | 部门 | | | |  | | | 职务 | | |  | |
| **教育情况（从高中教育填起，包括学历教育和其它专业培训）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | 学 校 | | | | 专 业 | | | | | 学 历 | | | | | | | | 学 位 | | | | | | 是否全日制 | | | |
|  | |  | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | |
|  | |  | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | |
|  | |  | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | |
| **家庭成员及重要社会关系** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 子女(选填)  □未育  □独生  □非独生 | | 家庭成员 | 亲属姓名 | | | 年龄 | | 工作单位 | | | | | | | | | | | | | | 联系电话 | | | | | | 关系 |
|  | | |  | |  | | | | | | | | | | | | | |  | | | | | |  |
|  | | |  | |  | | | | | | | | | | | | | |  | | | | | |  |
|  | | |  | |  | | | | | | | | | | | | | |  | | | | | |  |
|  | | |  | |  | | | | | | | | | | | | | |  | | | | | |  |
| **本人社会实践或工作经历（从近期开始填写）（工作经历由近及远)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | 单位/公司名称 | | | | 曾任职务 | | | | | 工作内容/年薪水平 | | | | | | | | 证明人  （电话） | | | | | | 离职原因 | | | |
|  | |  | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | |
|  | |  | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | |
|  | |  | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | |
|  | |  | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | |
|  | |  | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | |
| 是否参加社会保险 | | □未参加 参保险种：□五险（职工社保） □灵活就业参保 □新农村合作医疗 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否有传染病、精神病或其他可能影响在用人单位工作的病史 | | | | | | | | | | | | | | | | | | □是（提供书面说明） □否 | | | | | | | | | | |
| 是否有违法犯罪记录（请出示户口所在地派出所证明） | | | | | | | | | | | | | | | | | | □是 □否 | | | | | | | | | | |
| 本人是否与其他单位签订竞业禁止协议或保密协议 | | | | | | | | | | | | | | | | | | □是（提供书面说明） □否 | | | | | | | | | | |
| 本人是否被追究过刑事责任 | | | | | | | | | | | | | | | | | | □是 □否 | | | | | | | | | | |
| 是否曾被认定为工伤或职业病或持有残疾人证明 | | | | | | | | | | | | | | | | | | □是（提供书面说明） □否 | | | | | | | | | | |
| 是否被劳动能力鉴定委员会鉴定为具有伤残等级以及何级伤残 | | | | | | | | | | | | | | | | | | □是（提供书面说明） □否 | | | | | | | | | | |
| 是否从事过井下、高空、高温、特别繁重体力及有毒有害工种 | | | | | | | | | | | | | | | | | | □是（提供书面说明） □否 | | | | | | | | | | |
| 是否与前用人单位有未尽的法律事宜（包括但不限于经济补偿） | | | | | | | | | | | | | | | | | | □是（提供书面说明） □否 | | | | | | | | | | |
| **自我评价及个人要求** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自我评价 | | 优点 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 缺点 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 爱好与特长 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 岗位竞争优势 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 未来职业规划 | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **本人保证：**  我已知晓本次招聘要求，保证所提交的各种资料真实、合法、有效，允许并配合录用单位调查我的工作经历、学历证书及其他相关资料，如有虚报，入职后自愿接受录用单位相关处分，甚至解除劳动合同；  同意录用单位在我入职后使用所获得的关于我的资料、证书等；同意正式录用前按录用单位要求提供相关身体健康证明。本人保证无任何犯罪记录。  签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |