附件1

**应聘人员登记表**

应聘职位： 填表日期： 年 月 日

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| 姓 名 |  | | | 性 别 | | | |  | | 出生年月 | |  | | | | | 照片 | | | | |
| 毕 业  院 校 |  | | | 学 历 | | | |  | | 专 业 | |  | | | | |
| 民 族 |  | | | 婚 姻  状 况 | | | |  | | 参加工作时间 | |  | | | | |
| 政 治  面 貌 |  | | | 职称/职业资格 | | | |  | | 外语水平 | |  | | | | |
| 户口所在地（以户口簿为准） | | | |  | | | | | | | | | | | | | | | | | |
| 住 址 |  | | | | | | | | | 档案所在地 | |  | | | | | | | | | |
| 请在已办理的福利项目上划√ | | | | | | | | 养老 失业 工伤 生育 基本医疗 住房公积金 其它 | | | | | | | | | | | | | |
| 各项保险是否正常缴纳（如不正常，请说明） | | | | | | | | | | | |  | | | | | | | | | |
| 配偶或子女是否在国（境）外 | | | | | | | | | | | | 是□ 否□ | | | | | | | | | |
| 手机 | |  | | | | | | | | | 家庭电话 | | |  | | | | | | | |
| 特长爱好 | |  | | | | | | | | | E-mail | | |  | | | | | | | |
| 家庭主要成员情况 | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 与应聘人关系 | | | 工作单位 | | | | | | | | | 职务 | | | 联系电话 | | | |
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| 请慎重填写下述经历，以方便我们进行相关背景调查 | | | | | | | | | | | | | | | | | | | | | |
| 最近工作单位情况 | | 单位名称： 单位人数： | | | | | | | | | | | | | | | | | | | |
| 单位地点： 是否与原单位存在劳动关系： | | | | | | | | | | | | | | | | | | | |
| 电话号码： 证明人： | | | | | | | | | | | | | | | | | | | |
| 工  作  经  历 | | 起止时间 | | | 工作单位及职务(岗位) | | | | | | | | | | | | | | | 证明人员 | |
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| 学  习  经  历 | | 起止时间 | | | 学校 | | | | | | | | 专业 | | | 是否在职 | | | | 学历/学位 | |
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| 离 职  原 因 | |  | | | | | | | | | | | | | | | | | | | |
| 个 人  自 述 | |  | | | | | | | | | | | | | | | | | | | |
| 薪 金 | | 试用期期望  （税前） | | | | |  | | 转正后期望（税前） | | | | | |  | | | | 其他 | |  |
| 个人承诺：  我承诺以上信息是真实的、准确的，由于上述信息的失真或不准确所带来的一切后果将由我本人承担。    个人签字： 签字日期： | | | | | | | | | | | | | | | | | | | | | |

备注:此表正反面打印