贵州省六盘水市医药有限公司

2022年公开招聘劳务派遣人员报名登记表

编号： 填表日期： 年 月 日

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| 姓 名 | | |  | | | 性别 | |  | | | 出生年月 | | | |  | | | | 照片 |
| 民 族 | | |  | | | 婚否 | |  | | | 身体状况 | | | |  | | | |
| 籍 贯 | | |  | | | | | | | | 政治面貌 | | | |  | | | |
| 户籍地 | | |  | | | | | | | | 身份证号码 | | | |  | | | |
| 文化程度 | | |  | | | 专业 | |  | | | | | | | 职称（技能等级） | | | |  |
| 现工作单位 | | |  | | | | | | | | | | | | 现任职务 | | | |  |
| 联系电话 | | |  | | | | 联系邮箱 | | |  | | | 家庭住址 | | |  | | | |
| 工  作  简  历 | | | 时 间 | | 单 位 | | | | | | | 职 务（工种） | | | | | 离 职 原 因 | | |
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| 学  习  及  进  修  情  况 | | 时 间 | | | 学习、进修院校及专业 | | | | | | | | | | | | 学 位 | | |
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| 家  庭主  要  成  员 | 称 谓 | | | | 姓 名 | | | | 工 作 单 位 及 职 务 | | | | | | | | | | |
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| 应聘人承诺以上内容的真实性，如有虚假，市医药公司拒绝聘用。  应聘人签名： | | | | | | | | | | | | | | | | | | | |
| 面  试  体  检  考 察  结  果 | |  | | | | | | | | | | | | | | | | | |
| 应聘岗位 | | | |  | | | | | | | | | | 是否服从岗位调剂 | | | |  | |
| 相关科室  意见 | | | | 年 月 日 | | | | | | | | | | | | | | | |
| 办公室  意见 | | | | 年 月 日 | | | | | | | | | | | | | | | |
| 分管领导  意见 | | | |  | | | | | | | | | | | | | | | |
| 主要负责人意见 | | | | 年 月 日 | | | | | | | | | | | | | | | |
| 备注 | | | | 市医药公司对本次聘用资料保密，未被聘用者资料恕不退还。 | | | | | | | | | | | | | | | |

单位地址：贵州省六盘水市钟山区钟山西路 邮编：553000 电话：0858-6779188