附件1：

报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | 性 别 | |  | | 出生  年/月/日 | | | |  | | | | | 户 籍 | | |  | | | |  | | | | |
| 婚姻状况 | □已婚  □未婚 | | | | 政治  面貌 | |  | | 身高/体重 | | | |  | | | | | 民 族 | | |  | | | |
| 生育状况 | □是  □否 | | | | 毕业  院校 | |  | | | | | 身份证  号码 | | | | |  | | | | | | | |
| 最高学历 |  | | | | 所学  专业 | |  | | | | | 学 位 | | | | | | |  | | | | | |
| 职称/级别 |  | | | | 英语  等级 | |  | | | | | 其他外语情况 | | | | | | |  | | | | | |
| 应聘岗位 |  | | | | | | | | | | | 是否服从调剂 | | | | | | | □是 □否 | | | | | | | | | | |
| 现居住地 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 |  | | | | | | 现供职于： 职 位： | | | | | | | | | | | | | | | | | | | | | | |
| 紧急联系人姓名 |  | | 紧急联系人与本人关系 | | | | | | | | |  | | | | 紧急联系人电话 | | | | | | | |  | | | | | |
| Email（接收面试及录用通知等，请务必填写常用邮箱） | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **教 育 情 况（从高中开始）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 时 间 | | 学 校 | | | | | | | | | 专 业 | | | | | | |  | | | | | | | | | | | |
| 年 月- 年 月 | |  | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| 年 月- 年 月 | |  | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| 年 月- 年 月 | |  | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| 年 月- 年 月 | |  | | | | | | | | |  | | | | | | |  | | | | | | | | | | | |
| **主 要 工 作 经 历（由近及远）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 年 月- 年 月 | | 工作单位及部门 | | | | | |  | | | | | | | | 职 位 | | |  | | | |  | | |  | | | |
| 工作描述 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 证明人 | | | | | |  | | | | | | | | 证明人联系电话 | | | | | | |  | | | | | | |
| 主要离职原因 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 年 月- 年 月 | | 工作单位及部门 | | | | | |  | | | | | | | | 职 位 | | |  | | | |  | | | | |  | |
| 工作描述 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 证明人 | | | | | |  | | | | | | | | 证明人联系电话 | | | | | | |  | | | | | | |
| 主要离职原因 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 年 月- 年 月 | | 工作单位及部门 | | | | | |  | | | | | | | | 职 位 | | |  | | | |  | | | |  | | |
| 工作描述 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 证明人 | | | | | |  | | | | | | | | 证明人联系电话 | | | | | | |  | | | | | | |
| 主要离职原因 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 年 月- 年 月 | | 工作单位及部门 | | | | | |  | | | | | | | | 职 位 | | |  | | | | 薪酬 | | | | | |  |
| 工作描述 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 证明人 | | | | | |  | | | | | | | | 证明人联系电话 | | | | | | |  | | | | | | |
| 主要离职原因 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **持有职业（执业）资格证书情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 证书名称 | | | | 获取时间 | | | | | | 证书名称 | | | | | | | | | | | | 获取时间 | | | | | | | |
|  | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | |
|  | | | |  | | | | | |  | | | | | | | | | | | |  | | | | | | | |
| **个 人 能 力 简 述** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家 庭 情 况 （必填信息）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | 与本人关系 | | | | | 工作单位 | | | | | | | | | 职 务 | | | | | 联系电话 | | | | | | | | | |
|  | 父亲 | | | | |  | | | | | | | | |  | | | | |  | | | | | | | | | |
|  | 母亲 | | | | |  | | | | | | | | |  | | | | |  | | | | | | | | | |
|  | 配偶 | | | | |  | | | | | | | | |  | | | | |  | | | | | | | | | |
|  | 子女 | | | | |  | | | | | | | | |  | | | | |  | | | | | | | | | |
| **其 它 相 关 信 息（必填信息）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否有亲属、男（女）朋友在报考单位工作？如有，请写明姓名、关系、部门及职务；如没有，请填“否” | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 是否与目前任职单位有服务期、竞业限制等约定？如有，请说明；如没有，请填写“否” | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| **本 人 承 诺** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 我谨此承诺以上所述内容无虚假、不实、夸大之处，且未隐瞒对我应聘不利的事实或情况。如有虚报或瞒报，本人愿意接受被公司无条件解雇及承担其它一切后果。  **应聘人确认签字： 日期：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |