编号：

求职报名表

　　　　　　　　　　　　　　　　　　　　　登记时间　　年　　月　日

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| 姓　名 | | | |  | 性别 | | | |  | 出生年月 | | | |  | | | 民族 | | | |  | | | 照  片 |
| 曾用名 | | | |  | 籍贯 | | | |  | 婚否 | | | |  | | | 健康状况 | | | |  | | |
| 学　历 | | | |  | 学位 | | | |  | 所学专业 | | | |  | | | 爱好 | | | |  | | |
| 外语等级 | | | |  | 计算机能力 | | | |  | | | | 政治面貌 | | | |  | | | | | | | |
| 毕业学校 | | | |  | | | | | | | | | 毕业时间 | | | |  | | | | | | | |
| 原工作单位 | | | |  | | | | | | | | | | |  | | | |  | | | | | |
| 家庭居住地址 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 户口所在地址 | | | |  | | | | | | | | | | | | | | | | | | | | |
| 参保信息 | | | | 请选择：1.单位参保　２.灵活就业参保　3.从未参保  起止时间：　年　月　日－　年　月　日 | | | | | | | | | | | | 养保手册号码 | | | | | | |  | |
| 医保手册号码 | | | | | | |  | |
| 身份证号码  （暂住证号码） | | | |  | | | | | | | 联系电话  手机号码 | | | | | | |  | | | | | | |
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| 学习简历 | | 起止时间 | | | | 各处何单位工作或学习 | | | | | | | | | | | | | | | | 任何职 | | |
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| 工作简历 | |  | | | |  | | | | | | | | | | | | | | | |  | | |
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| 家庭主要成员 | 家庭关系 | | | 姓名 | | | 年龄 | 工作单位及部门 | | | | | | | | | 职务 | | | | | 联系电话 | | |
|  | | |  | | |  |  | | | | | | | | |  | | | | |  | | |
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| 申请岗位 | | |  | | | | | | | | | 面试时间 | | | | | | | |  | | | | |

填写此表时请随带身份证、户口簿、毕业证书、学历证书、技能等级证书、原单位终止劳动关系证明书等复印件以及一寸彩照２张

是否录用需根据面试或考试以及体检结果而决定。本人表示理解。

　签名