**报名登记表**

**填表日期： 年 月 日**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | **性别** | | |  | | | | **出生年月** | | |  | | | | | | | **相**  **片** |
| **身份证号** |  | | | | | | | | | **籍贯** | | |  | | | | | | |
| **文化程度** |  | | **毕业时间** | | |  | | | | **婚姻状况** | | |  | | | | | | |
| **身高** |  | | **体重** | | |  | | | | **所 学**  **专 业** | | |  | | | | | | | |
| **政治面貌** |  | | **视力** | | | 左： 右： | | | | | | | | | **毕 业时 间** | | |  | | |
| **毕（肆）**  **业学校** |  | | | | | | | | **学 校**  **类 别** | | 1.全日制正规院校 2.电大  3.自学考试 4.其他 | | | | | | | | | |
| **外语能力** |  | | | | | | | | **病 史** | | [ ]无 [ ]肺结核 [ ]心脏病  [ ]肝炎 [ ]其它 | | | | | | | | | |
| **通信地址** |  | | | | | | | | **联 系**  **电 话** | |  | | | | | | | | | |
| **QQ** |  | | | | | | | | **E-mail** | |  | | | | | | | | | |
| **现从事**  **专 业** |  | | | | | | | | | | | | | | | | | | | |
| **技 术**  **职 称** |  | | | **评 定时 间** | | |  | | | **户 口**  **所 在 地** | | | **省 市（县）** | | | | | | | |
| **有 何**  **特 长** |  | | | | | | | | | | | | | | | | | | | |
| **求**  **职**  **意**  **向** | **应聘职位** | 1． | | | | | | | | | | 2． | | | | | | | | |
| **薪金要求** | 试 用 期: \_\_\_\_\_\_\_元/月 | | | | | | | | | | **到岗日期** | | | | |  | | | |
| 转 正: \_\_\_\_\_\_\_元/月 | | | | | | | | | |
| **家**  **庭**  **情**  **况** | **家庭情况** | **姓名** | | | **工作单位** | | | | | | | **职位** | | | | **联系电话** | | | | |
| 父 亲 |  | | |  | | | | | | |  | | | |  | | | | |
| 母 亲 |  | | |  | | | | | | |  | | | |  | | | | |
| 配 偶 |  | | |  | | | | | | |  | | | |  | | | | |
| 子 女 |  | | |  | | | | | | |  | | | |  | | | | |
| 兄弟姐妹 |  | | |  | | | | | | |  | | | |  | | | | |
| **受教**  **育及**  **培训**  **状况** | **学校名称** | | | | **专业** | | | **起止时间** | | | | **取得文凭/资格证书** | | | | | | | | **证书编号** |
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| **主要**  **工作**  **经历** | **起止时间** | | | | | | | | **单位名称** | | | | | **所在部门** | | | | | **职 位** | |
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| **本 人 简 历**    其他情况  健康状况：您曾患过 疾病，曾接受过 手术，家族曾患过 病史。  **本人郑重声明，此表所填资料真实、准确,否则将无条件接受解雇处分。本人在此授权，可向本人目前或前雇主调查有关本人之任何资料。本人同意接收身体检查，并在获得通过后方正式受雇于贵单位。**    **签名：\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | |