附件2：

**求职申请表**

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| 申请岗位 | | | | | |  | | | | | 期望薪资 | | | | | | | | |  | | | | | | | | | | | | 预计到岗时间 | | | | | | | | |  | |
| **一、基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | | 性别 | |  | | | 出生年月 | | | | | |  | | | | | 身高 | | | | | | |  | | | 体重 | | |  | | | 近期一寸照片 | | | |
| 曾用名 |  | | | | | | 民族 | |  | | | 政治面貌 | | | | | |  | | | | | 婚育情况 | | | | | | |  | | | | | | | | |
| 籍贯 |  | | | | | | | | | | | 户口性质 | | | | | | 本市（ 城镇  农村）  外市（ 城镇  农村） | | | | | | | | | | | | | | | | | | | | |
| 联系电话 | | | | | | |  | | | | | | | | | | | | E-mail | | | | | | | | |  | | | | | | | | | | | | | | |
| 通讯地址 | | | | | | |  | | | | | | | | | | | | 邮编 | | | | | | | | |  | | | | | | | | | | | | | | |
| 身份证号码 | | | | | | |  | | | | | | | 身份证地址 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 紧急联系人 | | | | | | |  | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | | 与本人关系 | | | | | | | | | |  |
| 最高学历 | | | | | | |  | | | 毕业院校 | | | |  | | | | | | | 专业 | | | | | | | |  | | | | | 毕业时间 | | | |  | | | | |
| 参加工作时间 | | | | | | |  | | | | | | | | | | | | 是否退伍军人 | | | | | | | | | | | | | 是 否 | | | | | | | | | | |
| **二、工作经历（请从最近经历写起，若填写不下，可另附纸说明）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起至年月 | | 工作单位及部门 | | | | | | | | | | | | | | | 职务 | | | | | | | | | | 离职原因 | | | | | | | | | | 证明人 | | | | | 联系电话 |
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| **三、教育培训经历（请从最近时间写起）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | 学校或培训机构全称 | | | | | | | | | | | | | | | 所学课程 | | | | | | | | | | | | | | | | | | 学历/获得证书 | | | | | | |
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| **四、家庭背景（未婚请填父母及兄弟姐妹，已婚请填配偶及子女）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 关系 | | | | | | | 出生年月 | | | | | | | 居住地 | | | | | | | | | | | 工作单位 | | | | | | | | | | | | | | 职务 | | | |
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| **五、证书持有情况（职业资格证、能力等级、驾驶证等）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 证书名称 | | | | | 获取时间 | | | | | | | | | | | | | | | | | | | | 颁证机构 | | | | | | | | | | | | | | | | | | |
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| **六、个人能力（语言能力为精通/良好/一般/差）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 英语 |  | | | | | | | 其他语种 | | | | | | | |  | | | | | | 个人特长与爱好 | | | | | | | | | | | | | | | | | | |  | |
| **七、个人档案** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 档案所在地 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社会保险状况 | 已参保的有： 养老  医疗  工伤  失业  生育  住房公积金 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 上次参保地 | | | | | | |  | | | | | 上次停保时间 | | | | | |  | | | | | | | | | | | | 住房公积金账号 | | | |  | | | | | | | |
| **八、其他** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 招聘信息来源 | | | 网站（网站名： ）  招聘会  微信公众号  员工介绍（姓名： ，关系： ）  其他（） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 健康状况 | | | 曾否受伤或手术  是 否 如有，请简述：  过往病史： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所附材料（复印件） | | | 身份证  学历证书  学位证书  离职证明  职称或等级证书  个人简历  健康证或体检表  其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **★声明** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.本人保证以上所提供的信息真实有效，日后如发现不实，公司将有权与我解除劳动关系而不需支付任何补偿;**  **2.本人授权贵公司可以随时对我过往的工作单位做背景调查，而不需再次征求我的意见;**  **3.本人保证入职贵公司前，将不再与其他公司保留劳动关系，否则由此产生的一切法律后果及责任，由我本人承担，与公司无关。**  **申请人签字: 日期:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |