**应聘报名表**

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| **应聘岗位** | |  | | | | | | | | **是否接受岗位调剂** | | | □是 □否 | | | | |  | | |
| 姓 名 | |  | | | | 性 别 | |  | | 出生日期 | | |  | | | | |
| 籍 贯 | |  | | | | 民 族 | |  | | 政治面貌 | | |  | | | | |
| 职 称 | |  | | | | 身 高 | |  | | 文化程度 | | |  | | | | |
| 联系电话 | |  | | | | 婚 否 | | □已婚 □未婚 | | 毕业院校 | | |  | | | | |
| 邮 箱 | |  | | | | | | | | 所学专业 | | |  | | | | | | | |
| 院校性质 | | □211 □985 □双一流□其它 | | | | | | | | 有何特长 | | |  | | | | | | | |
| 现住址 |  | | | | | | | | | 身份证号 | | |  | | | | | | | |
| 身体  状况 | 遗传病史（有；无）职业病史（有；无） | | | | | | | | | | | | | | | | | | | |
| 传染病史（有；无）工伤病史（有；无） | | | | | | | | | | | | | | | | | | | |
| 其他需特殊说明的病史状况： | | | | | | | | | | | | | | | | | | | |
| **教育•培训情况** | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | 学校/培训机构 | | | | | | | 所学专业/课程 | | | | | | 学历/证书 | | |
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| **工作经历** | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | 工作单位 | | | | | | 职务 | | | 离职原因 | | | 公司电话 | | | |
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| **技能和证书(计算机能力、外语能力、专业资格等)** | | | | | | | | | | | | | | | | | | | | |
| 种类 | | | 证书名称 | | | | | | 证书颁发单位 | | | | | 证书获得年月 | | | | | 掌握程度 | |
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| **家庭·社会关系** | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | 与本人关系 | | | 工作单位/住址 | | | | | | | | 职务 | 联系电话 | | | |
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| 请提供两位亲友的相关信息 | | | | 姓名： | | | 工作单位（住址）： | | | | | | | | 电话 |  | | | |
| 姓名： | | | 工作单位（住址）： | | | | | | | | 电话 |  | | | |
| 特殊需说明的情况 | | | |  | | | | | | | | | | | | | | | |
| 承诺声明 | | | | **本人郑重承诺我不会采取任何方式干扰公正、公平的招聘面试录用程序和录用结果，我所提供（填写）的资料及信息均真实有效，如有虚报，一经发现不实之处，我愿承担相应的责任。**  承诺人签字： 时间： | | | | | | | | | | | | | | | |