**应聘人员报名表**

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| **基**  **本**  **情**  **况** | 姓 名 | |  | | 性 别 | | | |  | | | 民 族 | |  | | | | 照  片 |
| 出生年月日 | |  | | 年 龄 | | | |  | | | 身 高 | |  | | | |
| 户口地 | |  | | 婚姻状况 | | | |  | | | 生育状况 | |  | | | |
| 政治面貌 | |  | | | | | | 身份证号 |  | | | | | | | |
| 现 住 址 | |  | | | | | | | | | | | | | | | |
| 毕业院校 | | 全日制教育 | | | | | | | | | 在职教育 | | | | | | |
| 学历学位 | | | | 毕业院校及专业 | | | | | 学历学位 | | | | 毕业院校及专业 | | |
|  | | | |  | | | | |  | | | |  | | |
| 专 业 | |  | | | 毕业时间 | |  | | | | | 驾驶证类型 | | |  | | |
| 联系电话 | |  | | | | | | | | | | 应聘职位 | | |  | | |
| 身体状况 | | | 身高（净高） CM 体重 KG 血型 视力：左 右  是否有色弱色盲：无□ 有□；传染疾病或既往重病史：无□；有□,请注明 | | | | | | | | | | | | | | | |
| **家 庭 状 况** | | | | | | | | | | | | | | | | | | |
| 姓名 | | 与本人关系 | | 工作单位（无单位请填写家庭住址） | | | | | | | | 职务 | | | | | 联系电话 | |
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| **工 作 经 历** | | | | | | | | | | | | | | | | | | |
| 公司名称 | | | | 起止时间 | | | | | | | 职务 | | | | 离职原因 | | | |
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| 获得证书及其他技能 | | | |  | | | | | | | 计算机水平 | | | |  | | | |
| 个人爱好及特长 | | | |  | | | | | | | | | | | | | | |
| 自我评价优点及不足 | | | |  | | | | | | | | | | | | | | |