**应聘人员信息登记表**

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| 姓名 | |  | 性别 |  | | 年龄 |  | | | 民族 | |  |  | |
| 籍贯 | |  | 政治面貌 |  | | 婚姻状况 |  | | | 学历 | |  |
| 健康  状况 | |  | 身高 |  | | 体重 |  | | | 血型 | |  |
| 获得证书 | | |  | | | | | | | 获得时间 | | |  | |
| 电子邮箱 | | |  | | | | | | | 联系电话 | | |  | |
| 身份证号 | | |  | | | | | | | 紧急联系人 | | |  | |
| 户籍地址 | | |  | | | | | | | 紧急联系人电话 | | |  | |
| 现住地址 | | |  | | | | | | | | | | | |
| 个人特长 | | |  | | | | | | | | | | | |
| 是否服从岗位分配 | | |  | | | | | | | | | | | |
| 学习  经  历 | 起止年月 | | 学校名称 | | | | | 专业 | | | | | | 所获证书 |
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| 工  作  经  历 | 起止年月 | | 工作单位 | | | | | 职务 | | | 月薪 | | | 离职原因 |
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| 家  庭  成  员 | 姓名 | | 与本人关系 | | 年龄 | | | 工作单位 | | | 职务 | | | 电话 |
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| 目前缴纳社保情况 | | | | | □养老 □医疗 □工伤 □生育 □失业 □公积金 | | | | | | | | | |
| 本人有无亲友在本公司  □有 □无 | | | | | 姓名 | | | | 职务 | | | | | 与本人关系 |
|  | | | |  | | | | |  |
| 本人所填上列各项内容均属实，若有不实或虚构自愿取消申请资格或受雇后除名处分。  本人签字： | | | | | | | | | | | | | | |