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| **惠丰人力.合同制工作人员报名登记表** | | | | | | | | | | | | | | | | | | |  | |
| 派遣单位: | | | | | | 派遣部门： | |  | | 服务岗位： | | | | | | |  |  | |  |
| 姓   名 |  | | 性   别 | | |  | | 身份证号 | |  | | | | | | | 照  片 | | | |
| 出生日期 |  | | 籍   贯 | | |  | | 婚姻状况 | | □未婚  □已婚 | | 生育状况 | |  | | |
| 全日制学历 |  | | 最高学历 | | |  | | 专   业 | |  | | 技术职称 | |  | | |
| 政治面貌 |  | | 身   高 | | | **cm** | | 健康状况 | |  | | 在编在岗 | | □在编   □在岗 | | |
| 通讯地址 |  | | | | | | | 邮   编 | |  | | | | QQ号/微信号 | | |  | | | |
| 户籍地址 |  | | | | | | | 派 出 所 | |  | | | | 手   机 | | |  | | | |
| 原工作单位 |  | | | | | | | 性   质 | |  | | | | 单位电话 | | |  | | | |
| 户籍性质 | □非农业户籍   □农业户籍 | | | | | | | 刑事（治安）或其他处分 | | | | | | □有                □无 | | | | | | |
| 关系说明 | □在原单位  □在街道  □其他 | | | | | | | 养老保险 | | | □已办城镇     □已办小城镇      □尚未投保 | | | | | | | | | |
| 是否取得护士执业证 |  | | | | | | | 护士执业证书编号 | | |  | | | | | | | | | |
| 学习经历 | 学   校   名   称 | | | | | | | 专    业 | | | 证 明 人 | 时       间 | | | | | | | | |
|  | | | | | | |  | | |  | 年     月--     年    月 | | | | | | | | |
|  | | | | | | |  | | |  | 年     月--     年    月 | | | | | | | | |
| 工作经历 | 单   位   名   称 | | | | | | | 职务/职称 | | | 税前月收入 | 在   职   时   间 | | | | | | | | |
|  | | | | | | |  | | |  | 年     月--     年    月 | | | | | | | | |
|  | | | | | | |  | | |  | 年     月--     年    月 | | | | | | | | |
|  | | | | | | |  | | |  | 年     月--     年    月 | | | | | | | | |
| 家庭成员及主要社会关系 | 称  谓 | | 姓  名 | | 年  龄 | | | 工   作   单   位 | | | | 职务/职称 | | | 应急事件联系人 | | | | | |
|  | |  | |  | | |  | | | |  | | | 称谓： | | |  | | |
|  | |  | |  | | |  | | | |  | | | 姓名： | | |  | | |
|  | |  | |  | | |  | | | |  | | | 电话： | | |  | | |
|  | |  | |  | | |  |  | | |  | | | 联系地址： | | | | | |
|  | |  | |  | | |  | | | |  | | |  | | |  | | |
| 应聘人员与派遣单位员工间的直系/旁系亲属关系 | | | | | | | | | | | | | | | | | | | | |
| 关    系 | 称   谓 | 姓  名 | | 年  龄 | | | 工    作    部    门 | | | | | | 职务/职称 | | | 备注 | | | | |
|  |  | |  | | |  | | | | | |  | | |  | | | | |
| 明示：应如实填写表上所有内容，如有隐瞒、编造、篡改等，将以不符合录用条件/严重违反公司规定解除劳动关系。 | | | | | | | | | | | | | | | | | | | | |
| 应聘者（本人签名）：                                               填表日期：    年    月   日 | | | | | | | | | | | | | | | | | | |  |  |