**报名登记表**

**报名岗位： 填表日期：**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** | |  | **出生年月** | |  | | **民族** | |  | | **电子照片** | |
| **籍贯** |  | **政治面貌** | |  | **退伍/警校** | |  | | **视力** | |  | |
| **身高(cm)** |  | **驾驶执照** | |  | **健康状况** | |  | | **婚姻状况** | |  | |
| **现住址** |  | | | | | | **户口**  **所在地** | |  | | | |
| **身份证**  **号码** |  | | | | | | **联系电话** | |  | | | |
| **教育背景（从高往低填，至高中）** | **就读时间** | **学校** | | | | | **专业** | | | **学历** | | | **学位** | **全日制** |
|  |  | | | | |  | | |  | | |  |  |
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| **取得资格证书情况** | **获得时间** | | | **取得证书名称** | | | | | | **发证机构** | | | | |
|  | | |  | | | | | |  | | | | |
| **工作经历（社会实践经历）** | **起止时间** | | | **单位及部门** | | | | | | | | | **担任职务或岗位** | |
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| **家庭背景（非必填）** | **家庭成员姓名** | | **关系** | **年龄** | | **职业** | | **工作单位** | | | | **联系电话** | | |
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| **个人申明** | **有无重大伤病、疾病、传染病、遗传病或慢性病史** | | | | | | | | | | | | | |
| **有无受到经济、纪律等处分、处罚的情况** | | | | | | | | | | | | | |
| **本人所填写的内容完全属实，如因提供虚假情况（资料）或隐瞒个人重大事项所引起的一切责任及后果，均由本人承担。**  **填写人： 日 期：** | | | | | | | | | | | | | |
| **资格审核意见** | **¨ 通过 审核单位（公章）：**    **¨ 不通过 审核日期：** | | | | | | | | | | | | | |

**本司承诺求职者所填写内容仅用于以上岗位的报名使用，未征得本人同意不得泄露和转发。**