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| 应聘登记表 | | | | | | | | | | | | | | | | | | | | | | | |
| **填表须知：尊敬的应聘候选人，本表信息仅用于本次选聘，并作为录用重要参考资料，请认真、真实填写，无故勿空缺，共计2页。** | | | | | | | | | | | | | | | | | | | | | | | |
| 岗位名称： | | | | | | | | | | | | | | | | 填表日期 | | | |  | | | |
| 个人资料 | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 | |  | 政治  面貌 | |  | | | | | 出生  日期 | | | |  | | | | 请粘贴近期彩色1寸照片 | |
| 民族 |  | | | 婚姻  状况 | |  | 身份  证号 | |  | | | | | | | | | | | | |
| 第一学历  （填写范例：本科（全日制）大学名称 专业） | | | | |  | | | | | | | | | | | | | | | | |
| 最高学历  （填写范例：硕士研究生（非全日制）大学名称 专业） | | | | |  | | | | | | | | | | | | | | | | |
| 籍贯 |  | | | 户口所在地 | |  | | | | | | 详细联  系地址 | | | | | |  | | | | | |
| 联系  电话 |  | | | E-mail | |  | | | | | | 紧急联系人  姓名、电话 | | | | | |  | | | | | |
| 教育及培训背景（自高中起填写） | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 学校或培训机构名称 | | | | | 专业或课程 | | | | | | | | 学历（证书） | | | | | 在校职务/取得荣誉等 | |
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| 工作经历（自最近起填写） | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 工作单位 | | | | 职位及工作内容 | | | 工作业绩 | | | | | 离职原因 | | | | | | | | 证明人、职位、电话（必填） |
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| 家庭成员及主要社会关系 | | | | | | | | | | | | | | | | | | | | | | | |
| 称谓 | | 姓名 | | | | 政治面貌 | | 工作单位及职务 | | | | | | | | | | | | | 联系电话 | | |
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| 技能/自我评价/薪资预期 | | | | | | | | | | | | | | | | | | | | | | | |
| 英语能力  （或其他语种） | | | |  | | | | | | | | | 驾照情况 | | | | | |  | | | | |
| 计算机应用 | | | |  | | | | | | | | | | | | | | | | | | | |
| 职称证书/职业（执业）证书等 | | | |  | | | | | | | | | | | | | | | | | | | |
| 自我评价 | | | |  | | | | | | | | | | | | | | | | | | | |
| 现薪资福利 | | | |  | | | | | | | | | | | | | | | | | | | |
| 期望薪资福利 | | | |  | | | | | | | | | | | | | | | | | | | |
| 可上岗时间 | | | |  | | | | | | | | | | | | | | | | | | | |
| 基本问题（请填写是/否） | | | | | | | | | | | | | | | | | | | | | | | |
| 如因工作需要，是否愿意服从调剂： | | | | | | | | | | |  | | | | | | | | | | | | |
| 有无既往病史或重大疾病： | | | | | | | | | | |  | | | | | | | | | | | | |
| 是否有亲属任职无锡高新区（新吴区）机关国有企事业单位： | | | | | | | | | | |  | | | | | | | | | | | | |
| 是否目前正在经营私人企业或者在其他企事业单位兼职： | | | | | | | | | | |  | | | | | | | | | | | | |
| 是否因违法违纪或其他行为受过刑事、行政处罚或处分： | | | | | | | | | | |  | | | | | | | | | | | | |
| 诚信承诺 | | | | | | | | | | | | | | | | | | | | | | | |
| 本人如实填写了本表中的上述信息，并郑重承诺以上信息真实准确。如有虚假或错误信息，本人自愿承担相关法律后果。  实行回避制度，拟录人员，如发生影响公平公正的回避情形，服从调剂。 | | | | | | | | | | | | | | | | | | | | | | | |
| 签名： 时间： | | | | | | | | | | | | | | | | | | | | | | | |