**应聘人员登记表**

预约时间：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_到达时间：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 应聘职位：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **基本信息** | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 |  | | 民族 |  | | 出生年月 | |  | 健康状况 | |  | |
| 籍贯 |  | | | 血型 |  | | 身高 |  | | 体重 | |  | 政治面貌 | |  | |
| 毕业学校 |  | | | | | | | | | 学历 | |  | 到岗时间 | |  | |
| 联系地址 |  | | | | | | | | | 手机号码 | |  | | | | |
| 户籍地址 |  | | | | | | | | | 电子邮箱 | |  | | | | |
| 身份证号 |  | | | | | | | | | 婚育状况 | |  | | | | |
| **工作经历(至少填两项)** | | | | | | | | | | | | | | | | |
| 起止时间（年/月） | | 单位名称 | | | | | | | | 职位 | 离职原因 | | 公司电话 | | | |
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| **学习经历(至少填两项)** | | | | | | | | | | | | | | | |
| 起止时间（年/月） | | | 学校名称 | | | | | | | 专业 | 学习方式 | | 证明人及联系方式 | | |
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|  | | |  | | | | | | |  |  | |  | | |
| **家庭成员** | | | | | | | | | | | | | | | |
| 称谓 | 姓名 | | | | 工作 | | | | | | | 联系方式 | | | |
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| **其他信息** | | | | | | | | | | | | | | | |
| 兴趣爱好 |  | | | | | 当前薪资 | | | 税前 元/月 | | 期望薪资 | | | 税前 元/月 | |
| 奖惩说明 |  | | | | | 资格证书 | | |  | | 岗位调剂 | | | □服从 □不服从 | |
| 其他需要说明的情况 | | | | | |  | | | | | | | | | |
| 本人谨声明，在此表内所涉及的全部资料确属事实，谨此授权上海展大公司查询有关事项，并清楚。如任何一项情况失实，贵公司有权解除本人可能受聘之职位或采取其他处理方式，本人承担一切责任；承诺无重大疾病史，无犯罪记录。  签名： 时间： | | | | | | | | | | | | | | | |