重庆健康职业学院

应聘登记表

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| 应 聘 人 员 基 本 信 息 | | 姓 名 | | |  | 性 别 | | | |  | | | | | | 年 龄 | |  | | | | | 电  子  照  片 | | | |
| 籍 贯 | | |  | 民 族 | | | |  | | | | | | 健康状况 | |  | | | | |
| 政治面貌 | | |  | 最后学历 | | | |  | | | | | | 最高学位 | |  | | | | |
| 毕业学校 | | |  | 毕业时间 | | | |  | | | | | | 专 业 | |  | | | | |
| 身份证号 | | |  | | | | | 户口所在地 | | | | | |  | | | | | | |
| 英语能力 | | |  | | | | | 人员类别 | | | | | | ☑全日制 □非全日制 | | | | | | | | | | |
| 婚姻状况 | | | □已婚 □未婚 | | | | | 生育状况 | | | | | | □已育 □未育 □怀孕 | | | | | | | | | | |
| 疾病史（如实填写，如有隐瞒，取消聘用资格） | | | | | | | | □是 ☑否 | | | | | | | | | | | | | | | | |
| 应聘岗位 | | | 岗位一： | | | | | | | | | | | | | | 是否调剂 | | | | □是 □否 | | | |
| 岗位二： | | | | | | | | | | | | | |
| 联系方式 | | | 通讯地址 | |  | | | | | | | | | | | | 邮编 | | |  | | | | |
| 电子邮箱 | |  | | | | | | | | | 手机号码 | | |  | | | | | | | |
| 家庭电话 | |  | | | | | | | | | 工作电话 | | |  | | | | | | | |
| 紧急联系人 | |  | | | | | | | | | 紧急联系电话 | | |  | | | | | | | |
| 学习（进修）经历（从高中起） | 学习时间 | | | | 学习单位 | | | | | | 院系 | | | | | | 专业 | | | | | | 学位 | |
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| 工作（包括兼职）经历 | 任职时间 | | | | 工作单位 | | | | | | | | | | | | | | 职位名称 | | | | | |
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| **近五年来重要获奖情况** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 所获奖项名称 | | | | | | | | | | 颁奖部门及时间 | | | | | | | | | 奖项等级 | | | | | | 本人排名 |
| 1 |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  |
| 2 |  | | | | | | | | | |  | | | | | | | | |  | | | | | |  |
| 家  庭  主  要  成  员  情  况 | 配  偶 | | | 姓 名 | | 无 | | | 出生日期 | | | | | |  | | 民族 | | | | | | |  | | |
| 籍 贯 | |  | | | 参加工作时间 | | | | | |  | | 政治面貌 | | | | | | |  | | |
| 学 历 | |  | | | 收入情况 | | | | | |  | | 现工作地 | | | | | | |  | | |
| 专业技术职务 | | | |  | | | | | | | | | | | | | | | | | | |
| 毕业院校及专业 | | | |  | | | | | | | | | | | | | | | | | | |
| 工作单位及职务 | | | |  | | | | | | | | | | | | | | | | | | |
| 其  它  主  要  成  员 | | | 关系 | | 姓 名 | | 出生日期 | | | | 政治面貌 | | 工作单位及职务 | | | | | | | | | | | | |
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**注：1.该表由应聘者本人填写。应聘须附上本人代表性的论文、著作，学历、学位证书，专业技术职务资格证书及重要获奖证书的复印件或电子件，面试时需带上相关材料原件。**

**2.本人承诺以上信息真实有效，如有虚假，本人愿意承担由此产生的一切后果。**

本人签字：

日 期： 年 月 日