附件2

报名表

报名 部门 岗位 填表日期： 年 月 日

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| 姓名 | |  | | | 性别 | | |  | 身份证号码 | | | | |  | | | | | | | | 照  片 | |
| 出生年月 | |  | | | 民族 | | |  | 健康状况 | | | | |  | | | 最高学历 | | |  | |
| 政治面貌 | |  | | | 身高 | | |  | 婚姻状况 | | | | |  | | | | | | | |
| 手机号码 | |  | | | | | | | Email | | | | |  | | | | | | | |
| 户籍地址 | |  | | | | | | | | | | 通讯地址 | | | | |  | | | | | | |
| 高中及以后学习经历 | 起止时间 | | | 学校名称 | | | | | | | | | | | 专业 | | | | | | | 学历/学位证书 | |
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| 工作  经历 | 起止时间 | | | 工作单位 | | | | | | | 职务 | | | | 月薪 | | | | 离职原因 | | | 公司电话 | |
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| 培训  经历 | 起止时间 | | | 培训机构 | | | | | | | 培训内容 | | | | | | | | | | | 获得证书 | |
|  | | |  | | | | | | |  | | | | | | | | | | |  | |
|  | | |  | | | | | | |  | | | | | | | | | | |  | |
| 家庭  成员（指配偶、子女） | 姓名 | | | 年龄 | | | 与本人关系 | | | | 工作单位及职务 | | | | | | | | | | | 电话 | |
|  | | |  | | |  | | | |  | | | | | | | | | | |  | |
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| 紧急联系人姓名 | | |  | | | | | | | | 是否愿意报考岗位调剂 🞎是 🞎否 | | | | | | | | | | | | |
| 紧急联系人电话 | | |  | | | | | | | |
| 能否加班 | | |  | | | 能否  出差 | | | |  | 是否处于离职状态 | | | | |  | | 是否服从调剂  到同级岗位 | | | | |  |
| 应征者有无亲友  在本公司工作 | | | □有  □无 | | | 姓 名 | | | |  | | | 职 务 | | | | |  | | | 与本人关系 | |  |
| 本人所填上列各项属事实，若有不实或虚构，公司有权解除劳动合同并追究法律责任。  签名： | | | | | | | | | | | | | | | | | | | | | | | |

相关证书证件证明材料附后: