**应聘报名表**

应聘公司： 应聘职位： 填表时间： 年 月 日 时 分

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| 姓 名 | | |  | 性 别 | | |  | | 年龄（周岁） | | | |  | | 出生日期 | | | | | | |  | | | 照  片 |
| 民 族 | | |  | 身 高 | | |  | | 体 重 | | | |  | | 政治面貌 | | | | | | |  | | |
| 学 历 | | |  | 职 称 | | |  | | 身份证号 | | | |  | | | | | | | | | | | |
| 籍 贯 | | |  | | | | | | 户口所在地 | | | |  | | | | | | | | | | | |
| 现住址 | | | □自有 □租房 □与父母同住 | | | | | | | | | | | | | | | | | | | | | |
| 车程 | | | \_\_\_\_\_\_\_分钟 | | | | 路线（简要说明） | | | |  | | | | | | | | | | | | | | |
| 宗教信仰 | | |  | | | | 饮食、风俗习惯等 | | | |  | | | | | | | | | | | | | | |
| 婚姻状况 | | | □已婚 □未婚 □离异 | | | | | | | | | | 近期有无结婚打算（一年内） □有 □无 | | | | | | | | | | | | |
| 健康状况 | | | □良好 □一般 □患病\_\_\_\_\_\_\_\_\_\_ 有无重大疾病史：□无 □有\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| 手机号码 | | | | |  | | | | | | | | | | Email | | |  | | | | | | | |
| 微信号 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 教育经历（本科请注明一本、二本、三本） | 起止时间 | | | | | 学校名称 | | | | 专业 | | | | | 学历 | | | 在校职务与所获奖励（简述） | | | | | | | |
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| 最高学历获取方式 | □统招 □全日制自考 □成考（脱产）□校外自考 □成考（业余）□成考（函授） | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作经历 | 起止时间 | | | | | 公司名称 | | | | 部门及职务 | | | | 税前薪资 | | | | | 离职理由 | | | | | 证明人及电话 | |
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| 主要业绩（或重要项目经历）： | | | | | | | | | | | | | | | | | | | | | | | | |
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| 主要业绩（或重要项目经历）： | | | | | | | | | | | | | | | | | | | | | | | | |
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| 主要业绩（或重要项目经历）： | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训经历 | 培训时间 | | | | | 培训机构 | | | | 培训内容 | | | | | | | | | | 所获得的证书 | | | | | |
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| 技能特长 | 外语水平 | | | | | 英文：□四级 □六级 □八级 □其他\_\_\_\_\_\_\_\_\_\_\_\_  其他语种：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
| 计算机水平 | | | | | □精通 □熟练 □一般 □不会 | | | | | | | | | | 驾照 | | | | | □有：\_\_\_\_\_\_照 □无 | | | | |
| 其 他 | | | | |  | | | | | | | | | | | | | | | | | | | |
| 期望工资 | | 税前\_\_\_\_\_\_元/月 | | | | | | 可接受的最低薪资 | | | | 税前\_\_\_\_\_\_元/月 | | | | | 到岗时间 | | | | | |  | | |
| 能否出差 | | □能 □否 | | | | | | 能否接受工作调动 | | | | □能 □否 | | | | | 能否加班 | | | | | | □能 □否 | | |
| 对外担保金额 | |  | | | | | | | | | | 对外负债金额 | | | | |  | | | | | | | | |
| 社保关系 | | 1、□未办理社保  2、□己办理保险 □养老 □医疗 □生育 □工伤 □失业 □其他\_\_\_\_\_\_\_\_  关系 □自缴 □公司缴纳 □其他\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | |
| 自我评价 | | **工作、业务能力自述：** | | | | | | | | | | | | | | | | | | | | | | | |
| 兴趣爱好 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **声明（以下内容请仔细阅读）：**  1、本人保证以上填写的内容真实、准确，如有虚假，愿意承担相应责任。  2、本人愿意接受公司的背景调查，入职后被核实不符，愿意无条件离职。  本人签字 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |