附件2

宜宾三江兴创商业运营管理有限公司（成都分公司）

应聘人员登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 基本信息栏 | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | |  | | 应聘岗位 | | | | | |  | | | | | | 请粘贴电子  一寸相片 | | | |
| 曾用名 | | |  | | 年 龄 | | | | | |  | | | | | |
| 性 别 | | |  | | 出生年月 | | | | | |  | | | | | |
| 民 族 | | |  | | 籍贯 | | | | | |  | | | | | |
| 政治面貌 | | |  | | 加入时间 | | | | | |  | | | | | |
| 身份证号码 | | |  | | | | | | | | | | | | | |
| 户口类型（城市户口、农村户口） | | |  | | | | | 户口所在城市 | | | | | |  | | | | | | |
| 首次参加  工作时间 | | |  | | | | | 档案所在地 | | | | | |  | | | | | | |
| 与原单位关系能否处理妥当 | | |  | | | | | 档案关系能否顺利调出 | | | | | |  | | | | | | |
| 家庭住址 | | |  | | | | | | | | | | | | | | | | | |
| 本人联系电话 | | |  | | | | | 婚姻状况 | | | | | | |  | | | | | |
| 紧急联系人 | | |  | | | | | 联系人电话 | | | | | | |  | | | | | |
| 学历信息栏 | | | | | | | | | | | | | | | | | | | | |
| 入学时间 | 毕业时间 | | | | 所在学校 | | | | | 所学专业 | | | 学历 | | | | 是否 全日制 | 学位 | | |
| 年 月 | 年 月 | | | |  | | | | |  | | |  | | | |  |  | | |
| 年 月 | 年 月 | | | |  | | | | |  | | |  | | | |  |  | | |
| 年 月 | 年 月 | | | |  | | | | |  | | |  | | | |  |  | | |
| 学习期间  奖惩情况 |  | | | | | | | | | | | | | | | | | | | |
| 工作经历栏 | | | | | | | | | | | | | | | | | | | | |
| 起始时间 | | 终止时间 | | | | 工作单位 | | | 岗位或职务  薪酬 | | | | | | | | | | 证明人 | |
| 年 月 | | 年 月 | | | |  | | |  | | | | | | | | | |  | |
| 年 月 | | 年 月 | | | |  | | |  | | | | | | | | | |  | |
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| 年 月 | | 年 月 | | | |  | | |  | | | | | | | | | |  | |
| 工作期间  奖惩情况 | |  | | | | | | | | | | | | | | | | | | |
| 工作业绩 | |  | | | | | | | | | | | | | | | | | | |
| 家庭情况栏 | | | | | | | | | | | | | | | | | | | | |
| 与本人关系 | | | 姓 名 | | | | 工作单位及职务 | | | | | 政治面貌 | | | | | | | | 现居住地 |
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| 已获取各类资格证书 | | | | | | | | | | | | | | | | | | | | |
| 证书名称 | | | | 专业 | | | | | 获取时间 | | | | | | | 发证单位 | | | | |
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| 特长爱好： | | | | | | | | | | | | | | | | | | | | |
| 原单位年收入情况：  应聘职位年收入期望值：  个人其他要求： | | | | | | | | | | | | | | | | | | | | |
| 是否同意岗位调剂：是□否□ | | | | | | | | | | | | | | | | | | | | |
| 本人承诺所填写的内容真实、完整、有效，并对所填内容承担责任  填表人： 时间: | | | | | | | | | | | | | | | | | | | | |