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| **中交云南高速公路发展有限公司**  **招聘登记表** | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 曾用名 | | | |  | | | | 性别 | | |  | | | 照片 | | |
| 出生年月 |  | | | 身高/体重 | | | |  | | | | 血型 | | |  | | |
| 民族 |  | | | 政治面貌 | | | |  | | | | 籍贯 | | |  | | |
| 健康状况 |  | | | 婚育状况 | | | |  | | | | 职称 | | |  | | |
| 第一学历/学位 | |  | | | | 专业 | | | |  | | | | 毕业院校 | | |  | | | |
| 最高学历/学位 | |  | | | | 专业 | | | |  | | | | 毕业院校 | | |  | | | |
| 固定电话 |  | | | | | 手机 | | | |  | | | | | 邮箱 | |  | | | |
| 户籍类型 | 城镇□ 非城镇□ | | | | | | 户籍所在地 | | | | | 具体填到门牌号 | | | | | | | | |
| 身份证号码 | 必填 | | | | | | | | | | | 邮编 | | | | 必填 | | | | |
| 家庭住址必填 | | | | 省（市、自治区） 市（区） 县 | | | | | | | | | | | | | | | | |
| 紧急联系人必填 | | | | 必填 | | | | | | | 联系电话 | |  | | | | 与本人关系 | | |  |
| 家庭成员 | 姓名 | | | 称谓 | | 工作单位 | | | | | | | | | 职务 | | | | 联系电话 | |
| 必填 | | |  | |  | | | | | | | | |  | | | |  | |
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| 职（执）业资格证书情况 | | | | | | | | | | | | | | | | | | | | |
| 职（执）业资格名称 | | | 取得时间 | | | | | | 考评机构 | | | | | | 最近一次注册时间 | | | | | |
| 无就填无 | | |  | | | | | |  | | | | | | XX年XX月XX日 | | | | | |
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| 工作经历 | | | | | | | | | | | | | | | | | | | | |
| 起止日期 | 工作单位 | | | | 职务/主要工作单位 | | | | | | | | | 离职原因 | | | 证明人 | | | |
| 从第一份工作写起 |  | | | |  | | | | | | | | |  | | |  | | | |
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| 教育背景 | | | | | | | | | | | | | | | | | | | | |
| 起止日期 | 学校/培训机构 | | | | 专业/培训内容 | | | | | | | | | 学历/资历 | | | 证明人 | | | |
| 从初中写起 |  | | | |  | | | | | | | | |  | | |  | | | |
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| 获得荣誉情况 | | | 必填 | | | | | | | | | | | | | | | | | |
|
| 技能特长爱好 | | | 必填 | | | | | | | | | | | | | | | | | |
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本人对所提供的信息及材料的真实性做出保证。若有不实，本人愿依照有关法律法规及公司规定承担相应责任。

签字：

年 月 日