

**集团系统内职位申请表**

应聘企业及岗位： 填表日期： 年 月 日

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| 姓 名 | |  | | 性 别 | | | |  | | | | 出生日期 | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | 照片  （粘贴处） | | | | |
| 国 籍 | |  | | 民 族 | | | | | | | |  | | | | | | | | 籍 贯 | | | | | | |  | | | | | | | | |
| 学 历 | |  | | 毕业院校 | | | | | | | |  | | | | | | | | 毕业年月 | | | | | | | 年 月 | | | | | | | | |
| 计算机水平 | | |  | | | | | 外语语种 | | | | | | |  | | | | | 外语水平 | | | | | | |  | | | | | | | | |
| 执业资格/专业技术职称/技术技能等级 | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 政治面貌 | | |  | | | | | 健康状况 | | | | | | | | | | | |  | | | | | | | 婚姻状况 | | | | | | | | |  | | | | |
| 手机号码 | | |  | | | | | 住宅电话 | | | | | | | | | | | |  | | | | | | | 邮箱 | | | | | | | | |  | | | | |
| 户籍地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号码 | | |  | |  |  | |  | |  | | |  |  | | |  | | | |  | | |  |  | | |  | |  | | |  | |  | | |  |  |  |
| 工 作  经 历 | 起止日期 | | | 企业及部门 | | | | | | | | | | | | | 岗位及职务 | | | | | | | | | | | | 离职理由 | | | | | | | | | | | |
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| 备注：按由近到远的顺序填写工作情况。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学习  经历 | 起止日期 | | | 毕业院校 | | | | | | 专业 | | | | | | | | | | | | | 学历 | | | 学位 | | | | | | 学习形式 | | | | | | | | |
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| 备注：填写高中及以上的学历。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训经历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 何时何地  受过何种奖惩 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特长  及  自我评价 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘企业　 可否调剂 | | | □可以  □不可以 | | | | | | | | | | | | | | | 应聘岗位  可否调剂 | | | | | | | | | | | | | □可以  □不可以 | | | | | | | | | |
| 家 庭 主 要 成 员  （父母、配偶、子女） | | | 与本人  关系 | | | | 姓名 | | | | 国籍 | | | | | 出生  年月 | | | | | | 政治  面貌 | | | | 工作单位 | | | | | | | | | | | 职务 | | | |
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| 紧急联系人 | | |  | | | | | | 与本人关系 | | | | | | | | | |  | | | | | | | 电话 | | | | | | | |  | | | | | | |
| 个人申明：以上所填内容均为真实情况，若有不符，由本人承担相应责任。  填表人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |