**黔西南州病残吸毒人员收治中心**

**（兴义和谐阳光医院）**

**应聘登记表**

申请职位： “\*”为必填项.请认真如实填写

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| \*姓名 |  | | | | \*性别 | |  | | | | \*出生年月 | | | | |  | | | \*民族 | | |  | | | | | | 照  片 |
| \*身高 |  | | | | \*体重 | |  | | | | 血 型 | | | | |  | | | \*特长 | | |  | | | | | |
| \*婚否 |  | | | | \*籍贯 | |  | | | | 意向工作地 | | | | |  | | | \*政治面貌 | | |  | | | | | |
| \*户口所在地 | | |  | | | | | | | | | | | | | \*身份证号 | | |  | | | | | | | | |
| \*户口种类 | | | 请填写“城镇”、“农村”或“农转非”： | | | | | | | | | | | | | | | | | | | | | | | | |
| \*通讯地址 | | |  | | | | | | | | | | | | \*联系电话 | | | |  | | | | | | \*Email | | |  |
| \*病史说明 | | | 请填写“有”或“无”： | | | | | | | | | | | | 职称/资格证 | | | |  | | | | | | \*期望待遇 | | |  |
| \*曾获过何种奖励或不良记录 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| \*最高学历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 就读院校 | | | | | | | 专业 | | | | | | 学历 | | | 类型：请填写“统招”“自考”或“函授” | | | | | | | | | |
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| 培训经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 培训学校/单位 | | | | | | | | | | | 培训课程/内容 | | | | | | | | | 获得证书 | | | | | |
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| \*工作经历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 工作单位及部门 | | | | | | | | | | 职务 | | | | 薪资待遇 | | | 离职原因 | | | | 证明人 | | | 联系电话 | |
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| \*前用人单位是否存在竞业限制 | | | | | | | | | 请填写“存在”或“不存在”： | | | | | | | | | | | | | | | | | | | |
| \*与前用人单位劳动关系说明 | | | | | | | | | 请填写“内退”、“退休”、“停薪留职”、“辞职”或“其它”： | | | | | | | | | | | | | | | | | | | |
| \*保险办理方式 | | | | 请填写“自缴”或“原单位缴”： | | | | | | | | | | | | | | 自缴险种 | | | 养老保险□ 医疗保险□ | | | | | | | |
| \*主要家庭成 员 | | 关系 | | | | 姓名 | | 出生年月 | | | | 工作单位及职务 | | | | | | | | | | | | | | 联系电话 | | |
| 父亲 | | | |  | |  | | | |  | | | | | | | | | | | | | |  | | |
| 母亲 | | | |  | |  | | | |  | | | | | | | | | | | | | |  | | |
| 配偶 | | | |  | |  | | | |  | | | | | | | | | | | | | |  | | |
| 子女 | | | |  | |  | | | |  | | | | | | | | | | | | | |  | | |
| 承诺：我确认本应聘申请表中的内容均真实有效，过往无违法犯罪史或记录。如有任何虚假或隐瞒事实，自公司发现之日起无偿解除劳动关系，同时我愿意承担由此产生的相关法律后果及责任。  签字（盖手印）： 日期：\_\_\_\_\_年\_\_\_\_\_月\_\_\_\_\_日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |