海南南国人力资源开发有限公司应聘登记表

应聘职位：

说明：凡标注有\*的，为必填内容。

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| \*姓 名 | |  | | | | | | | 曾用名 | | | |  | | | | | \*性 别 | | | □男/ □女 | | | | | | | | \*籍贯 | | | | | | | | 省 市（县） | | | | | | | | | | | | | | | 照　片  （粘贴） | | |
| \*身份证号码 | | | | | |  | | | | | | | | | | | | \*出生日期 | | | 年 月 日 | | | | | | | | | | | | | | | | | \*健康状况 | | | | | | | | |  | | | | |
| 其他身份证件 | | | | | | □护照/□军官证/□回乡证/□港澳通行证 | | | | | | | | | | | | | | | | 证件号码 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| \*身 高 | | | cm | | | | | | | \*体 重 | | | | | | | kg | | | 血 型 | | | | |  | | | | | | | | | | \*民 族 | | | | | | | |  | | | | | | | | |
| 婚姻状况 | | | | □单身/□已婚 | | | | | | | | | 政治面貌 | | | | | |  | | | | | | | | \*参加工作时间 | | | | | | | | | | | | | | 年 月 日 | | | | | | | | | | |
| \*户口类别 | | | | □农业/□非农业 | | | | | | | | | \*户口所在地 | | | | | | 省 市/县 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*住宅电话 | | | | | | | | — | | | | | | | | | | | \*移动电话 | | | | |  | | | | | | | | | | | | | | | | 家属电话 | | | | | | | | — | | | | | | |
| \*紧急情况联系人（姓名） | | | | | | | | | | | |  | | | | | | | \*紧急情况联系电话 | | | | | | | | | | |  | | | | | | | | | | | | | | \*与联系人关系 | | | | | | | | |  | |
| 地 址 信 息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*家庭通讯地址 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 邮 编 | | | |  | | |
| 地址说明 | | | | | | | 公司文件将送达上述家庭通讯地址，请如实填写。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*家庭情况及主要社会关系 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 关系 | 姓 名 | | | | | | | | | | 年龄 | | | | | 工作单位 | | | | | | | | | | 联系电话 | | | | | | | | | | 联 系 地 址 | | | | | | | | | | | | | | | | | | |
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| \*入 司 前 工 作 简 历 （由按时间由最近工作单位填写） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起　止　时　间 | | | | | | | | | | | | | | | 工 作 单 位 | | | | | | 部门 | | | | | | | 担任职务 | | | | | | | | | | | 证明人 | | | | | | 联系电话 | | | | | | 离职原因 | | | |
| 年 月　日－ 　年 月 日 | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | |
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| 年 月 日－ 　年 月 日 | | | | | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | |
| \*学 习 经 历(按学历高低由高至低填写) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起　止　时　间 | | | | | | | | | | | | | | 毕 业 院 校 | | | | | | | | | 专 业 | | | | | | | | | | | 学 历 | | | | | | | | 学 位 | | | | | | | | 证书编号 | | | | 学习方式 |
| 年 月 日－ 　年 月 日 | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | |  |
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| 职 业 培 训 经 历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起　止　时　间 | | | | | | | | | | | | | | 参加培训课程 | | | | | | | | | 培训课时 | | | | | | | | | 培训主办机构 | | | | | | | | | | | | | | | | | 获得证书 | | | | | |
| 年 月 日－ 　年 月 日 | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | |
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| 取 得 证 书 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有效日期范围 | | | | | | | | | | | | | | 证书名称 | | | | | | | | | | | | | | | | | | | 级别 | | | | | | | | | | | | | 证书评定单位 | | | | | | | | |
| 年 月 日－ 　年 月 日 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | |
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| 兴趣爱好 | | | | |  | | | | | | | | | | | | | | | | 特 长 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介绍人 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

一、如果公司不能满足你的第一求职岗位，安排其他岗位是否接受？（是 □ 否 □）

二、本人清楚所属公司为海南南国人力资源开发有限公司，并了解人力资源服务派遣的含义，本人知悉工作地为海南医学院第二附属医院，并声明遵守海南南国人力资源开发有限公司和海南医学院第二附属医院的各项规章管理制度，服从海南南国人力资源开发有限公司和海南医学院第二附属医院的管理方式和工作安排。

三、本人承诺在本表内所填资料属实，且已经与原单位终止劳动关系，谨此授权海南南国人力资源开发有限公司查询有关事项。并承诺如任何一项情况失实，贵公司有权无条件与本人解除劳动关系或采取其他处理方式。

本人已对上述内容进行了认真填写和阅读，明白其意义，完全出于自愿并能负责，谨此声明。

签名： 日期：

以下内容为公司填写：

|  |  |  |  |
| --- | --- | --- | --- |
| 入职日期 |  | 经办人 |  |