**四川蜀道物流集团有限公司应聘登记表**

应聘职位： 填表日期： 年 月 日

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| 申明 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.本人申明在此表中所填写的一切信息均真实有效，可作为本人与公司劳动合同的组成部分，如有虚构或欺诈者，自愿接受公司处理。  2.本人保证自己没有被依法追究刑事责任等任何犯罪记录。  3.本人保证自己未曾有吸毒行为。  4.本人授权公司调查有关资料的真实性。  应聘者本人签字: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | 曾用名 | | | | |  | | | | 出生年月 | | | | |  | | | | | | | | 照 片 | |
| 性 别 | |  | | | 籍 贯 | | | | |  | | | | 民 族 | | | | |  | | | | | | | |
| 政治面貌 | |  | | | 学 历 | | | | |  | | | | 专 业 | | | | |  | | | | | | | |
| 职 称 | |  | | | 计算机等级 | | | | |  | | | | 外语等级 | | | | |  | | | | | | | |
| 身 高 | |  | | | 体 重 | | | | |  | | | | 联系电话 | | | | |  | | | | | | | |
| 身份证号 | |  | | | | | | | | | | | | 婚姻状况 | | | | | □未婚 □已婚 □离婚 □失配 | | | | | | | | | |
| 户口所在地 | |  | | | | 档案所在地 | | | |  | | | | | | | | | 托管单位 | | | | |  | | | | |
| 现通讯地址 | |  | | | | | | | | | | | | | | | | | 邮 编 | | | | |  | | | | |
| 是否愿意驻外（出差） | | | | | |  | | | | | | | | | 是否服从分配 | | | | | | | | |  | | | | |
| 现住房源 | | | □与父母同住 □私有房产 □单位分房 □租房 □其他： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与原单位关系 | | | □已解除劳动关系 □在职 □退休 □其他： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教  育  背  景 | 由年/月至年/月 | | | | 学校名称 | | | | | | | 专业 | | | | | 学历 | | | | | 学位 | | | 全日制/非全日制 | | | |
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| 工  作  经  历 | 由年/月至年/月 | | | | 所在工作单位、部门 | | | | | | | 职务 | | | | | 年薪(万元) | | | | | 单位地址及电话 | | | | | | |
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| 技术和技能资格（职称） | 取得时间 | | | | | | 资格（职称）名称、级别 | | | | | | | | | | | 取得时间 | | | | | 资格（职称）名称、级别 | | | | | | |
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| 奖  惩  记  录 | 奖惩时间 | | | | | | 奖励或处罚内容 | | | | | | | | | | | 奖惩单位 | | | | | | | | | | 备注 | |
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| 家  庭  成  员 | 关系 | | | 姓名 | | | | 出生年月 | | | 政治面貌 | | | | | 工作单位 | | | | | 职务 | | | | | | | 联系方式 | |
| 配偶 | | |  | | | |  | | |  | | | | |  | | | | |  | | | | | | |  | |
| 父亲 | | |  | | | |  | | |  | | | | |  | | | | |  | | | | | | |  | |
| 母亲 | | |  | | | |  | | |  | | | | |  | | | | |  | | | | | | |  | |
| 子女一 | | |  | | | |  | | |  | | | | |  | | | | |  | | | | | | |  | |
| 子女二 | | |  | | | |  | | |  | | | | |  | | | | |  | | | | | | |  | |
| 其他 | | |  | | | |  | | |  | | | | |  | | | | |  | | | | | | |  | |
| 其他 | | |  | | | |  | | |  | | | | |  | | | | |  | | | | | | |  | |
| 身体状况：  1.是否做过手术 □否 □是 手术名称： 时 间： 年 月  2.是否有传染性疾病 □否 □是 疾病名称： 患病时间： 年 月  3.是否有抑郁症等精神类疾病 □否 □是 疾病名称： 患病时间： 年 月  4.是否有重大疾病史 □否 □是 疾病名称： 起止时间： 年 月-- 年 月  总体而言，我的身体状况是：  □身体健康，无重大疾病史，完全可以承受较大工作压力，也无影响正常工作的疾病隐患。  □身体状况良好，虽有重大疾病病史，但是完全可以承受较大压力，不会影响正常工作。  □身体状况一般，能正常工作，但不能承受较大压力。  □其他 。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专长与爱好 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自我评价 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 税前理想  年收入 | | | |  | | | | | 要求税前  最低年收入 | | | |  | | | | | | | 如聘用何时  可上班 | | | | | |  | | | |