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| 应聘人员登记表 | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位： | | | | | | | | | | | | | | | | 填表日期： | | | | | | | | |
| 基 本 信 息 | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | | 曾用名 | | |  | | | 性 别 | | | | |  | | 出生日期 年 月 日 | | | | | |
| 民 族 |  | | | | | 籍 贯 | | |  | | | 出生地 | | | | |  | | 参加工作时间 年 月 日 | | | | | |
| 婚姻状况 |  | | | | | 子女情况 | | |  | | | 政治面貌 | | | | |  | | 加入党派时间 年 月 日 | | | | | |
| 健康状况 |  | | | | | 现住址 | | |  | | | | | | | | | | 身份证号码 | | | | | |
| 户口所在地街道办事处 | | | | | | | | | | | | | | | | | | | 户口性质 | | | 城镇（ ） 农村（ ） | | |
| 档案所在地 | | | | | | | | | 职业资格证书  及取得时间 | | | | | |  | | | | | | | | | |
| 职称及认定时间 | | | | | | | | | 审批单位 | | | | | |  | | | | | | 外语语种及级别 | | |  |
| 邮 箱 |  | | | | | | | | 本人  电话 | | | | | |  | | | | | | | | | |
| 紧急联系人 | | | | | | | | | 电 话 | | | | | |  | | | | | | | | | |
| 家 庭 成 员 | | | | | | | | | | | | | | | | | | | | | | | | |
| 与本人关系 | | 姓名 | | 出生日期 | | | | 政治面貌 | | | | 工作单位 | | | | | | | | | | | 职务 | |
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| （注：若有中建系统内亲属，请务必列出） | | | | | | | | | | | | | | | | | | | | | | | | |
| 学 习 经 历 | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | 学历 | | 学位 | | | | 毕业院校 | | | | | | | | 专业 | | | 教育类别 | | |
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| 工 作 经 历 | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 单位名称 | | | | | | | 部门 | | | 岗位 | | | | | 证明人 | | 联系电话 | | | | |
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| 培 训 经 历 | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 培训名称 | | | | | | | | 培训内容 | | | | | 培训类别 | | | | 取得证书名称 | | | | |
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| 奖 惩 记 录 | | | | | | | | | | | | | | | | | | | | | | | | |
| 获取时间 | | | 奖惩名称 | | | | | | | | 奖惩类型 | | | | | 颁发机构 | | | | 备注 | | | | |
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| 请概括描述自己的性格特点及特长、爱好： | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否有以下疾病或相关病史（可多选）：否/是：传染病( )精神病( )心脑血管病( )肿瘤( )其他( ) | | | | | | | | | | | | | | | | | | | | | | | | |
| 期望工作地点： | | | | | | | | | | | | | | 是否服从公司安排： 是 （ ） 否（ ） | | | | | | | | | | |
| 如我公司同意录用，可以在多长时间内开始上班： | | | | | | | | | | | | | | | | | | | | | | | | |
| 目前所在单位名称： | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否已与现单位解除劳动关系？ 是 （ ） 否（ ） 请在此做详细说明: | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否在原单位办理待岗或内退？ 待岗：是（ ） 否（ ）；内退：是（ ） 否（ ） | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否与其他单位签订了保密协议或竞业限制协议？ 是（ ） 否（ ） | | | | | | | | | | | | | | | | | | | | | | | | |
| 离开原公司原因：工资待遇低（ ） 不认同公司文化（ ） 公司前景不乐观（ ） 人际关系原因（ ）谋求更好发展（ ） 个人家庭原因（ ） 其他： | | | | | | | | | | | | | | | | | | | | | | | | |
| 现月收入（必填）： （基本工资： 岗位津贴： 补贴： 奖金： 其他： ） | | | | | | | | | | | | | | | | | | | | | | | | |
| 期望月收入： | | | | | | | | | | | | | | 其它要求： | | | | | | | | | | |
| 社会保险及住房公积金情况（返聘及借调人员不填写本项内容）： | | | | | | | | | | | | | | | | | | | | | | | | |
| 一、员工目前是否缴纳社会保险：是（ ） 否（ ） 如缴纳，请注明缴纳地： | | | | | | | | | | | | | | | | | | | | | | | | |
| 二、员工目前是否缴纳住房公积金：是（ ） 否（ ） 如缴纳，请注明缴纳地： | | | | | | | | | | | | | | | | | | | | | | | | |
| 如需要，请详细说明： | | | | | | | | | | | | | | | | | | | | | | | | |
| 其它情况说明： | | | | | | | | | | | | | | | | | | | | | | | | |
| 您是通过以下何种渠道获知我公司招聘信息的（请在相应项目上打√，可多选）： | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.公司网站（ ） 2.前程无忧（ ） 3.智联招聘（ ） 4.建筑英才（ ） 5.人才招聘会（ ） | | | | | | | | | | | | | | | | | | | | | | | | |
| 6.他人推荐（ ） 推荐人姓名：　 　 7.如为其他渠道，请说明： | | | | | | | | | | | | | | | | | | | | | | | | |