**福建福旅乐养健康科技有限公司福清分公司**

**应聘登记表**

应聘职位： 填表日期： 年 月 日

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| 姓 名 | | |  | | | 性别 |  | | 身份证号 | |  | | | | | （电子）照片 | |
| 籍 贯 | | |  | | | 民族 |  | | 政治面貌 | |  | | | | |
| 期望年薪（税前） | | |  | | | 婚姻 |  | | 录用后预计到岗  时间 | |  | | | | |
| 专业技术职称及特长 | | | |  | | | | | | | | | | | |
| 手机 | | | |  | | | | | 邮箱 | |  | | | | | | |
| 户口所在地 | | | |  | | | | | 档案所在地 | |  | | | | | | |
| 居住地址 | | | |  | | | | | | | | | | | | | |
| 紧急联系人 | | | |  | | | | | 联系方式 | |  | | | | | | |
| 家庭成员情况 | | 称谓 | | 姓 名 | | | | 工作单位 | | | | 职务 | | | | | |
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| 教育背景 | | 起止年月 | | | 毕业院校 | | | | | 专业名称 | | | | 学历、学位 | | | 学习形式 |
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| 注：请从最近的时间填起（下同） | | | | | | | | | | | | | | | |
| 奖励、处分情况 | | | | 时间 | 名称 | | | | | | 备注 | | | | | | |
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| 工作实习经历 | 起止年月 | | | 单位名称 | | | | | | | 担任职务/岗位 | | 证明人 | | 电话 | | |
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| 工作内容 | | |  | | | | | | | | | | | | | |
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| 工作内容 | | |  | | | | | | | | | | | | | |
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| 工作内容 | | |  | | | | | | | | | | | | | |
| 自我评价 | | | | |  | | | | | | | | | | | | |
| 最成功的工作案例 | | | | |  | | | | | | | | | | | | |
| 离职原因及其他需要说明的情况 | | | | |  | | | | | | | | | | | | |

本人承诺：

本人谨此证实以上表格所述内容无虚假、不实、夸大之处，且未隐瞒对应聘不利的事实或情况。如有虚报和瞒报，本人愿承担相应责任。

本人签名：

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| 综合评价 |  | | | | | |
| 建议 | □予以录用 □有待进一步考核 □储备 □不予考虑 □其他 | | | | | |
| 用人部门意见 | |  | 人事部门意见 |  | | |
| 用人部门分管领导意见 | |  | 人事部门分管领导意见 |  | 主要领导意见 |  |