附表2：

应聘人员登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | | | |  | | | **性 别** | | |  | **民 族** | | | | | **正 面 免 冠**  **彩 色 照 片**  **（2寸）** | |
| **曾用名** | | | |  | | | **出 生 日 期** | | | |  | | | | |
| **籍 贯** | | | |  | | | **出生地** | | | |  | | | | |
| **户籍所在地** | | | |  | | | | | | | | | | | |
| **参加工作时间** | | | |  | | | **身份证号码** | | | |  | | | | |
| **婚育状况** | | | | **□单身 □已婚 □已婚已育（孩，性别□男，□女）** | | | | | | | | | | | | | |
| **职称/职业资格** | | | |  | | | | | **证书编号** | |  | | | | | | |
| **联系方式** | | | | **手机** | | | |  | | | **家庭住址** | |  | | | | |
| **住宅电话** | | | |  | | | **E-mail** | |  | | | | |
| **紧急联系人** | | | | **姓名** | | | |  | | | **电话** | |  | | | | |
| **关系** | | | |  | | | **地址** | |  | | | | |
| **学习经历** | | | | | | | | | | | | | | | | | |
| **起止年月** | | | **院校及系、专业** | | | | | | | | | **毕（结、肄）业** | | | **证 明 人** | | |
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| **培训经历** | | | | | | | | | | | | | | | | | |
| **起止时间** | | | **培训课程** | | | | | | | | | **是否取得证书** | | | **颁证单位** | | |
|  | | |  | | | | | | | | |  | | |  | | |
| **工作经历** | | | | | | | | | | | | | | | | | |
| **起止年月** | | | **单位及岗位** | | | | | | | | | | | | **证明人** | | |
|  | | |  | | | | | | | | | | | |  | | |
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| **家**  **庭**  **主**  **要**  **成**  **员**  **情**  **况** | **配**  **偶** | **姓名** | | | |  | | | | **出生日期** | |  | | **民族** | | |  |
| **籍贯** | | | |  | | | | **学历** | |  | | **政治面貌** | | |  |
| **专业技术职称** | | | | | | | |  | | **职业资格** | |  | | | |
| **毕业院校及专业** | | | | | | | |  | | | | | | | |
| **工作单位及岗位** | | | | | | | |  | | | | | | | |
| **其**  **它**  **成**  **员** | **关系** | | | **姓 名** | | | | | **出 生**  **日 期** | | **政治**  **面貌** | | **工作单位及岗位** | | | |
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| **是否在外兼职或作为股东开办公司：** | | | | | | | | | | | | | | | | | |
| **填表人签名： 年 月 日** | | | | | | | | | | | | | | | | | |
| **填表说明：1、所有相关信息须如实详细填写（除没有的情况外），无论何种信息发生变更时请及时到人力资源部更新履历表；2、紧急联系人必须填写与自己有法定关系的人，不能是本人；3、家庭成员须填写配偶、子女及双方父母情况；4、请贴一寸或两寸照片；5、请将身份证复印件及学历、学位、职称、职（执）业资格等证件复印件附后。** | | | | | | | | | | | | | | | | | |