**电科装备中层干部应聘人员报名表**

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| 应聘职位名称 | | | |  | | | | | | | | | 职位编码 | | |  | | | | | | | 是否接受调剂 | | | | | |  | | 照  片 |
| 姓 名 | |  | | | | | | | 性 别 | | |  | | | 出生日期 | | | |  | | | | | | | | | | | |
| 政治面貌 | |  | | | | | | | 民 族 | | |  | | | 健康状况 | | | |  | | | | | | | | | | | |
| 入党时间 | |  | | | | | | | 学 历 | | |  | | | 身份证号码 | | | |  | | | | | | | | | | | |
| 出生地点 | |  | | | | | | | 籍 贯 | | |  | | | 档案所在地 | | | |  | | | | | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | 户籍所在地 | | | | |  | | | | | | | | |
| 职业资格及证书号 | |  | | | | | | | | | | | | 专业技术职务  （职称） | | | | | |  | | | | | | 期望年薪  （税前） | | | |  | |
| 联系方式 | | 手机： 座机： | | | | | | | | | | | | | | | | | | | | | | 电子邮箱 | | |  | | | | |
| 通信地址 | |  | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | |  | | | | |
| 紧急联系人 | | | 姓名： 手机： | | | | | | | | | | | | | | 与本人关系： 工作单位： | | | | | | | | | | | | | | |
| **教　育　经　历（自高中起填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止日期 | | | | | | | 院校名称 | | | | | | | | | | 专 业 | | | | | | 全日制/在职 | | | | | | | | 学历及学位 |
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| **工　作　经　历（自参加工作起填写）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止日期 | | | | | | | 工作单位及部门名称 | | | | | | | | | | | | | | 职务及职称 | | | | | | | 变动原因及单位电话 | | | |
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| 奖惩情况：（含近三年年度考核结果） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与应聘岗位相关的工作经历及取得成果情况 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 参加过的专业培训及获得认证情况 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 参与过的重大活动情况 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人有无海外工作经历： □ 有 □ 无 有无绿卡：□ 有 □ 无  海外工作地点、单位： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家　庭　及　主　要　社　会　关　系** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 称谓 | 姓 名 | | | | | 年龄 | | 党派 | | 现 工 作 单 位 及 部 门 | | | | | | | | | | | | 职 务 | | | 住址及联系电话 | | | | | | |
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| 亲属有无海外留学、工作、定居或持有绿卡情况，请具体说明： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 您与电科装备及其所属成员单位工作人员有无亲属（含直系和旁系）关系？  无 □ / 有 □，工作单位 部门 姓名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **个 人 自 评** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （限200字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 原工作单位  证明人信息 | | | | | 姓名 | | | | | | 职务 | | | | | | | | | | | | | | | | 联系电话 | | | | |
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| 填表需知：应聘者应对填写的内容真实性负责，本公司有权向有关机构及人员核实上述材料。如有虚报，由应聘者承担一切后果。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |