社会聘用人员应聘信息登记表

应聘单位：国防科技大学试验训练基地 岗位类型：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | | |  | | | | 性别 | | |  | | | | | 出生  年月 | | | | | |  | | | | | |  | | | |
| 籍 贯 | | |  | | | | 民族 | | |  | | | | | 最高  学历  （国家承认） | | | | | |  | | | | | |
| 身 高 | | |  | | | | 体重 | | |  | | | | | 政治面貌 | | | | | |  | | | | | |
| 婚姻状况 | | |  | | | | 血型 | | |  | | | | | 健康状况 | | | | | |  | | | | | |
| 身份证号 | | |  | | | | | | | | | | | | 出生地 | | | | | |  | | | | | |
| 家庭住址 | | |  | | | | | | | | | | | | 护照号 | | | | | |  | | | | | | | | | |
| 港澳通行证号 | | |  | | | | | | 台湾通行证号 | | | | | | 无 | | | | | | E-mail | | | |  | | | | | |
| 毕业学校 | | |  | | | | | | | 专业 | | | | |  | | | | | | | 外语/水平 | | | | |  | | | |
| 现 工 作  单 位 | | |  | | | | | | | 职务 | | | | |  | | | | | | | 职称 | | | | |  | | | |
| 地 址 | | |  | | | | | | | | | | | | | | | | | 手机号码  /固定电话 | | | | | | |  | | | |
| 户口地址 | | |  | | | | | | | | | | | | | | | | | 户口所在地 | | | | | | |  | | | |
| 档 案  所 在 地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特 长 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学习  经历（从高中毕业起填） | 起止  年月 | | | | 院校 | | | | | | | 专业 | | | | | | | 学历 | | | | | 学位 | | | | 教育形式  （全日制/在职） | | |
| 年 月至 年 月 | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | |  | | |
| 年 月至 年 月 | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | |  | | |
| 年 月至 年 月 | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | |  | | |
| 工作  经历 | 起止  年月 | | | | 工作单位 | | | | | | | 部门 | | | | | | | 职位 | | | | | | | 证明人 | | | 联系电话 | |
| 年 月至 年 月 | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | |  | |
| 年 月至 年 月 | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | |  | |
| 培  训  情  况 | 起止  年月 | | | 举办单位 | | | | | | | | | | | | | 培训内容 | | | | | | | | | 证书 | | | | |
| 年 月至 年 月 | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
| 年 月至 年 月 | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
| 年 月至 年 月 | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
| 年 月至 年 月 | | |  | | | | | | | | | | | | |  | | | | | | | | |  | | | | |
| 家  庭  主  要  成  员 | 姓名 | | | 关系 | | | | 出生  年月 | | | 年龄 | | | 岗位/职务/工作单位（已退休填家庭住址） | | | | | | | | | | | | | | | | 联系电话 |
|  | | |  | | | |  | | |  | | |  | | | | | | | | | | | | | | | |  |
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| 主要工作成就及获得奖励、处分情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 转换工作原因： | | | | | | | | | | | | | | | | | | 可到岗时间： | | | | | | | | | | | | |
| 现税前月收入 | | | | | |  | | | | | | | | | | 希望税前月收入 | | | | | | |  | | | | | | | |
| 紧急联系人 | | | | | |  | | | | | | | | | | 手机号码 | | | | | | |  | | | | | | | |
| 是否与学校现有人员有亲属关系 | | | | | | | | | | | | | □否 | | | | | | | | | | □ 是（具体填写以下表格） | | | | | | | |
| 姓 名 | | 单 位 | | | | | | | | | | | 教研/研究室 | | | | | | | | | | 岗位 | | | | | | | |
|  | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |
|  | |  | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | |
| 本人确保对以上所填写内容的真实性负责，如填写信息与实际情况不相符，用人单位取消录用资格。    填表人签名（手印）：    填表日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |