附件4

应 聘 书

姓名：

性别： ；年龄：

出生年月：

专业：

学历：

职称：

应聘岗位：

填表日期： 年 月 日

个人履历表

**应聘部门及岗位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 | |  | | | | | | | 性别 |  | | | 出生年月日 | | |  | | | 民族 | |  | | | | 照  片 | |
| 曾用名 | |  | | | | | | | 籍贯 |  | | | 文化程度 | | |  | | | 专业 | |  | | | |
| 职称 | |  | | | | | | | 职务 |  | | | 政治面貌 | | |  | | | 婚姻状况 | |  | | | |
| 健康状况 | |  | | | | | | | 身高 |  | | | 体重 | | |  | | | 血型 | |  | | | |
| 身份证号码 | | | | |  | | | | | | | | 邮箱  地址 | | |  | | | | | | | | | | |
| 专长 | | | | |  | | | | | | | | 嗜好 | | |  | | | | | | | | | | |
| 户籍地址 | | | | |  | | | | | | | | | | | | | | | 电话 | |  | | | | |
| 通讯地址 | | | | |  | | | | | | | | | | | | | | | QQ | |  | | | | |
| 学  历  及  工  作  经  验 | | 起止年月 | | | | | | 学校名称 | | | | | | 专业 | | | | | | 外语语种及程度 | | | | 全日制或在职学历 | | |
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| 起止年月 | | | | | | 工作单位 | | | | | | 工作内容及职务 | | | | | | 雇主姓名 | | | | 月薪 | | |
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| 紧急通知人 | |  | | | | | | | | 与本人关系 | |  | | | | | 家庭电话 | |  | | 移动电话 | | |  | | |
| 家  庭  成  员 | | 姓名 | | | | | 年龄 | | | 与本人关系 | | | | | | 工作单位及职务 | | | | | 电话 | | | | | |
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| 能否加班 | |  | | | | | 能否出差 | | |  | | | | | | | | 原月薪 | | | |  | 要求月薪 | | |  |
| 提供先前单位友  人的姓名、电话 | | | | | | | 姓名 | | |  | | | | | | | | 电话 | | | |  | | | | |
| 应聘者有无亲友在本单位任职  有（ ）  无（ ） | | | | | | | 姓名 | | | | 称谓 | | | | | | | 姓名 | | | | 称谓 | | | | |
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| 应聘者编号 | | | | | | |  | | | | 报到日期 | | | | | | | | | | | 年 月 日 | | | | |
| 本  人  技  能 | 专业技术资格： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人优势、特长： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 驾驶：A照（ ） B照（ ） C照（ ） D照（ ） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 对岗位要求 | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 月薪最低要求 | | | | | | 月薪不低于（ ），年薪不低于（ ） | | | | | | | | | | | | | | | | | | | | |
| 我的抱负（进取心） | | | | | |  | | | | | | | | | 到岗日期 | | | |  | | | | | | | |
| 对本岗位的希望 | | | | | |  | | | | | | | | | 其他希望 | | | |  | | | | | | | |
| 奖惩情况 | | | 获奖情况： | | | | | | | | | | | | | | | | | | | | | | | |
| 你是否在法庭上被判有罪？请回答是或否。如果是，请具体说明。 | | | | | | | | | | | | | | | | | | | | | | | |
| 你健康状况良好吗？请回答是或否。如果否，请具体说明。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有何特长及科研成果 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 交验证书名称：  □身份证 □毕业证 □学位证 □职称证 □资格证 □执业证 □上岗证  □其他：  备注：  验证签名： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 特别提示 | 本人承诺所填写资料真实可靠，如若虚报愿意接受解雇处分  申请人签名： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位意见（是否同意报名） | | | | 领导签字 公章 | | | | | | | | | | | | | | | | | | | | | | |