附件2

职工情况登记表

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| 姓名 |  | | 性别 | | | | |  | | 出生年月 | | | |  | | 婚姻 | |  | | | |  |
| 别名 |  | | 籍贯 | | | | |  | | 身份证号 | | | |  | | | | | | | |
| 入党（团）时间 | | |  | | | | | 专长 | |  | | | | 兴趣爱好 | |  | | | | | |
| 参加工作时间 | | |  | | | | | 进本单位时间 | | | | | |  | | | | | | | |
| 工作部门 | | |  | | | | | 工作岗位 | | |  | | | 职务及任职时间 | | |  | | | | | |
| 最高学历 | | |  | | | | | 学位 | | |  | | | 学制 |  | | 取得方式 | | | |  | |
| 毕业时间、学校、专业 | | | | | | | |  | | | | | | | | | 外语程度 | | | |  | |
| 专业技术资格取得名称、时间 | | | | | | | | |  | | | | | 技术等级取得名称、时间 | | | | | |  | | |
| 身体状况 | | |  | | | | | | | | | | | 是否有精神病史 | | |  | | | | | |
| 现在住址 | | |  | | | | | | | | | | | | 联系电话 | | | |  | | | |
| 教 育 培 训 情 况 | | | | | | | | | | | | | | | | | | | | | | |
| 年月日至年月日 | | | | | 学校名称  （培训机关） | | | | | | | | 专 业  （培训内容） | | | 曾任何职务 | | | | | 毕、结、肄业  （培训结束） | |
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| 工 作 经 历 | | | | | | | | | | | | | | | | | | | | | | |
| 年月至年月 | | | | 工作单位 | | | | | | | | | 工作部门 | | | 任何职务 | | | | | 调动原因 | |
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| 家 庭 主 要 成 员 情 况 | | | | | | | | | | | | | | | | | | | | | | |
| 称 呼 | | 姓 名 | | | | | 出生年月 | | | | | 职业及工作单位 | | | | | 住 址 | | | | | |
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| 熟悉何种业务与技术，  有何创造发明，  科研成果和著作 | | | | | | |  | | | | | | | | | | | | | | | |
| 何时何地何原因受过何种奖励 | | | | | | |  | | | | | | | | | | | | | | | |
| 何时何地何原因受过何种处分 | | | | | | |  | | | | | | | | | | | | | | | |
| 我在此申明：本登记表中我所提供的情况属实。若有必要，同意义乌市恒风汽车城开发有限公司对我的背景调查。如发现有虚假信息、隐瞒精神病史或其他重大疾病，义乌市恒风汽车城开发有限公司可终止与我的劳动合同，并不负任何赔偿责任。  填表人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |

“健康状况”根据本人的具体情况填写“健康”“一般”或“较差”；有严重疾病、慢性疾病或身体伤残的，要如实简要填写