附件2

毕节市康曼母婴健康管理有限责任公司

人员聘用报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性 别 | | | |  | | | 民 族 | | | | |  | | | | 照片 | |
| 身份证号 | |  | | | | | | | | | 出生日期 | | | |  | | | | | |
| 政治面貌 | |  | | | | | | | | | 户 籍  所在地 | | | |  | | | | | |
| 学 历 | |  | | 学 位 | | | |  | | | | | | 毕业时间 | | | |  | | | | |
| 毕业院校 | |  | | | | | | | | | 所学专业具体名称 | | | |  | | | | | | | |
| 工作单位及职务 | |  | | | | | | | | | 工作年限 | | | |  | | | | 参加工作时间 | | |  |
| 职业（从业）资格证 | |  | | | | | | | | | | | | | 电子邮箱 | | | |  | | | |
| 报考职位 | |  | | | | | | | | | | | 是否满足该职位要求的其他报考条件 | | | | | | |  | | |
| 现居住地 | |  | | | | | | | | | | | 联系电话 | | | | | | |  | | |
| 主要简历（从初中开始填写） | |  | | | | | | | | | | | | | | | | | | | | |
| 主要工作实绩 | |  | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 | |  | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及重要社会关系 | | 称谓 | 姓名 | | | | 年龄 | | | 政治面貌 | | | | | | 工作单位及职务 | | | | | | |
|  |  | | | |  | | |  | | | | | |  | | | | | | |
|  |  | | | |  | | |  | | | | | |  | | | | | | |
|  |  | | | |  | | |  | | | | | |  | | | | | | |
|  |  | | | |  | | |  | | | | | |  | | | | | | |
|  |  | | | |  | | |  | | | | | |  | | | | | | |
|  |  | | | |  | | |  | | | | | |  | | | | | | |
|  |  | | | |  | | |  | | | | | |  | | | | | | |
| 报名信息确认栏 | | | | | | | 以上填写信息均为本人真实情况，若有虚假、遗漏、错误，责任自负。  应聘人员签名： | | | | | | | | | | | | | | | |
| 原单位意见 | 2019年 月 日（盖章） | | | | | 资格审查意见： | | | | | 审查人签字：  2019年 月 日  （盖章） | | | | | | | | | | | |