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| 附件1 应聘人员登记表 | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘单位：扬州市江都区益民人力资源服务有限公司 | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位： | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | |  | | | | | 性 别 | | |  | | | 出生年月 | | |  | | | | | 照 片  （请附电子照片） | | |
| 籍 贯 | | |  | | | | | 婚育情况 | | |  | | | 职 称 | | |  | | | | |
| 工作年限 | | |  | | | | | 政治面貌 | | |  | | | 执业资格 | | |  | | | | |
| 身份证号 | | |  | | | | | | | | | | | | | | | | | | |
| 毕业院校 | | |  | | | | | | | | | | | 学历（学位） | | | |  | | | |
| 所学专业 | | |  | | | | | | | | | | | 首次缴纳社保时间 | | | |  | | | |
| 联系电话 | | |  | | | | | 家庭住址 | | |  | | | | | | | | | | | | | |
| 工作经历 | | | 起止年月 | | | | | 工作单位（部门） | | | | | | | | | | | | 任何职务 | | | | |
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| 教育背景 | | | 起止年月 | | | | | 学校及专业 | | | | | | | | | | | | 学历及学位 | | | | |
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| 过往主要工作描述 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 持有证书情况 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 自我评价 | | |  | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺以上所填信息全部属实，一切由上述信息错误引起的后果由本人自负。 | | | | | | | | | | | | | | | | | | | | | | | | |
| 签名： 日期： | | | | | | | | | | | | | | | | | | | | | | | | |
| 附件2 应聘人员花名册（汇总格式） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 序号 | 姓名 | 性别 | | 出生年月 | 工作年限 | 籍贯 | 学历 | | 所学专业 | 毕业院校 | | 职称 | 执业资格 | | 政治面貌 | 首次缴纳社保时间 | | | 婚育情况 | | 身份证号 | | 联系电话 | 家庭住址 | |
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直接填写，请勿有空格或回车。

附件3

本地近14天手机漫游记录截屏

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插入手机漫游截屏图片

附件4：电子档扫描件