报 名 表

**报名 部门 岗位 填表日期： 年 月 日**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性别 | | |  | 身份证号码 | |  | | | | | 照  片 | |
| 出生年月 | |  | | | 民族 | | |  | 健康状况 | |  | | 在读学历 |  | |
| 政治面貌 | |  | | | 身高 | | |  | 婚姻状况 | |  | | | | |
| 手机号码 | |  | | | | | | | Email: | |  | | | | |
| 户籍地址 | |  | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | |
| 每周实习天数 | | | |  | | | | | | | | | | | | | |
| 高中及以后学  习经  历 | 起止时间 | | | 学校名称 | | | | | | 专业 | | | | | | 学历/学位证书 | |
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| 实  习  经  历 | 起止时间 | | | 工作单位 | | | | | | 职务 | | | | 月薪 | | | |
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| 培  训  经  历 | 起止时间 | | | 培训机构 | | | | | 培训内容 | | | | | | | 获得证书 | |
|  | | |  | | | | |  | | | | | | |  | |
|  | | |  | | | | |  | | | | | | |  | |
| 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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|  | | |  | | |  | |  | | | | | | |  | |
| 紧急联系人姓名 | | |  | | | | | | 紧急联系人电话 | | | | | | |  | |
| 应征者有无亲友  在本公司工作 | | | □有  □无 | | | 姓 名 | | |  | | | 职 务 | |  | 与本人关系 | |  |
| 本人所填上列各项属事实，若有不实或虚构，公司有权解除实习协议并追究法律责任。签名： | | | | | | | | | | | | | | | | | |