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| 河北蜂桐生物科技有限公司 报名表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **河北蜂桐生物科技有限公司** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **报 名 表 NO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请职位 | |  | | | | | | | | | | | 填表日期 | | | | | 年 月 日 | | | | | | | | | |  | | |
| 姓名 | |  | | | | | | 性别 | |  | | | 出生年月 | | | | | 年 月 日 | | | | | | | | | |
| 籍贯 | |  | | | | | | 民族 | |  | | | 婚姻状况 | | | | |  | | | | | 文化程度 | |  | | |
| 健康状况 | |  | | | | 政治面貌 | | | |  | | | 入党团时间 | | | | |  | | | | | 报道时间 | |  | | |
| 身份证号码 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 户口性质 | | |  | | | | |
| 手机号码 | |  | | | | | | | | | | | | 目前就业情况 | | | | | | □失业 □在职 □其他 | | | | | | | |
| 户籍地址 | |  | | | | | | | | | | | | | | | | | | 邮编 |  | | | 固定电话 | |  | | | | |
| 现居地址 | |  | | | | | | | | | | | | | | | | | | 邮编 |  | | | 固定电话 | |  | | | | |
| 其他地址 | |  | | | | | | | | | | | | | | | | | | 邮箱 |  | | | | | | | | | |
| （由最近起）学历 | 起止年月 | | | 学校名称 | | | | | | | | | 专业 | | | | | | 外语语种及程度 | | | | | | | 毕业/肄业 | | | | |
|  | | |  | | | | | | | | |  | | | | | |  | | | | | | | □毕业 | | | | □肄业 |
|  | | |  | | | | | | | | |  | | | | | |  | | | | | | | □毕业 | | | | □肄业 |
|  | | |  | | | | | | | | |  | | | | | |  | | | | | | | □毕业 | | | | □肄业 |
| 工作经历 | 起止年月 | | | 工作单位 | | | | | | | | | 职 位 | | | | | | 月薪 | | 离职原因 | | | | | | | | 证明人及电话 | |
|  | | |  | | | | | | | | |  | | | | | |  | |  | | | | | | | |  | |
|  | | |  | | | | | | | | |  | | | | | |  | |  | | | | | | | |  | |
|  | | |  | | | | | | | | |  | | | | | |  | |  | | | | | | | |  | |
| 家庭成员 | 与本人关系 | | | 姓 名 | | | | | | 年龄 | | | 工作单位/家庭地址 | | | | | | | | | | | | 职 务 | | | | 电 话 | |
| 配偶 | | |  | | | | | |  | | |  | | | | | | | | | | | |  | | | |  | |
| 父/母亲 | | |  | | | | | |  | | |  | | | | | | | | | | | |  | | | |  | |
| 其他亲属 | | |  | | | | | |  | | |  | | | | | | | | | | | |  | | | |  | |
| 能否出差 | | | □能□否 | | | | | 能否加班 | | | | | □能 □否 | | | | | | 能否驻外 | | | □能 □否 | | | 希望薪资 | | | |  | |
| 能否接受公司调动职务 | | | | | | | | | | | | | □能 □否 | | | | | | 可接受的地点 | | | | | |  | | | | | |
| 应征者有无亲友在本公司  □有 □无 | | | | | | | | | | | | | 姓名 | | | | | | 称谓 | | | | | | 姓名 | | | | 称谓 | |
|  | | | | | |  | | | | | |  | | | |  | |
| 最近一年内有无动过手术 □有 □无 | | | | | | | | | | | | | 有无家庭病史 □有 □无 | | | | | | | | | | | | 有无行政处分记录 □有 □无 | | | | | |
| 您是通过何种渠道应聘 □猎头□公司发布信息网上投递简历□朋友介绍□校园招聘□招聘会□劳务公司 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 请提供紧急联络人姓名、电话以便联络 | | | | | | | | 姓名 | |  | | | | | | | | | 联系电话 | |  | | | | 机/汽车驾驶 | | □会 □不会 | | | |
| 姓名 | |  | | | | | | | | | 联系电话 | |  | | | | □有驾照□无驾照 | | | |
| 姓名 | |  | | | | | | | | | 联系电话 | |  | | | | 车牌号 | | |  |
| 受过何种奖励或专业训练 | | | | | | | |  | | | | | | | | | | | | | | | | | 住房 | | □租房  □自买房 | | | |
|  | | | | | | | | | | | | | | | | |
| 工资卡号 | | | | | | | |  | | | | | | | | | | | | | | | | |
| 本人所填上列各项均属事实，若有不实或虚构，本人愿意承担任何处罚。包括取消申请资格或立即解除劳动合同（受雇后），不要求公司支付任何经济补偿。    签名： 日期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |