**应聘岗位**: **应聘时间**: **年 月 日**

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| **姓　　名** | |  | | **性别** | □男 □女 | | **民族** |  | **籍贯** |  | **相**  **（一寸） 片** |
| **婚育状况** | | □未婚  □已婚未育  □已婚已育 | | **血型** |  | | **身高** | cm | **体 重** | kg |
| **年龄** | |  | | **学历** |  | | **专业** |  | **到岗时间** |  |
| **身份证号** | |  | | | **联系电话** | |  | | **Email** |  | |
| **户籍地址** | |  | | | | | **现住址** | |  | | |
| **紧急联系人姓名及电话** | | |  | | | | **地 址** | |  | | |
| **教育经历** | **时间** | | **毕 业 院 校** | | | | **专业** | | **学历及院校性质** | **证明人及联系电话** | |
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| **家庭成员** | **姓名** | | **称谓** | | | **服务单位** | | | | **联系电话** | |
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| |  |  |  |  | | --- | --- | --- | --- | | **工作经历** | **时间** | **工作单位** | **职位** | |  |  |  | |  |  |  |   **1．应聘者无身体疾病或其他慢性病，否则一切医疗行为自行负责。**  **2．本人慎重申明、承诺以上所填信息属实，如有虚假，自愿接受公司任何处理。**  **填表人签名：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | |