**麻江县花之韵花卉产业有限公司报名表**

应聘岗位： 填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性 别 | |  | 联系电话 | |  | | | |  | | |
| 籍 贯 | |  | | | | 民 族 | |  | 政治面貌 | |  | | | |
| 身高（cm） | |  | | | | 健康状况 | |  | 婚姻状况 | |  | | | |
| 体重（kg） | |  | | | | 学 历 | |  | 所学专业 | |  | | | |
| 毕业时间 | |  | | | | 毕业院校 | |  | | | | | | | | | |
| 爱 好 | |  | | | | 身份证号 | |  | | | | | | | | | |
| 现居住地 | |  | | | | | | | | | | | | | | | |
| 教  育背景 | 时间 | | | 学校 | | | | | | 专业 | | | | 取得证书 | | | |
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| 工作经历 | 工作时间 | | | 工作单位 | | | | | | 工作岗位 | | 离职原因 | | | | 证明人及联系电话 | |
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| 自  我  评  价 |  | | | | | | | | | | | | | | | | |
| 家庭关系 | 姓名 | | 年龄 | | 关系 | | 工作单位 | | | | 职业 | | 联系电话 | | | | 政治背景 |
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注：填表人承诺，以上个人信息符合本人真实情况，如公司发现某些信息不符合填表人真实情况，公司将有权采取公司的相关制度予以解聘或相应处罚！

签名：