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| **眉山市展通公交客运有限公司**  **员 工 应 聘 登 记 表** | | | | | | | | | | | | | | | | | |
| **应聘职位：** |  | |  | | | | |  |  | |  | | **填表日期： 年 月 日** | | | | |
| **姓 名** |  | | **性 别** | | |  | | | **出生年月** | |  | | **文化程度** |  | | | **（贴照片）** |
| **专 业** |  | | **技术**  **职称** | | |  | | | **待遇要求** | |  | | **户籍性质** |  | | |
| **籍 贯** |  | | **家庭地址** | | | | |  | | | | | | | | |
| **婚姻状况** |  | | **身份证**  **号码** | | | |  | | | | | | **政治面貌** |  | | |
| **本人联系电话** |  | | | | **紧急联**  **系人姓名** | | | | |  | | **紧急联系人电话** | | |  | | |
| **学习经历** | **学习时间** | | | | | | | **学校名称** | | | | | **所学专业** | | | | **所获证书** |
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| **工作经历** | **工作时间** | | | | | | | **单位名称** | | | | | **担任职务** | | | | **联系电话** |
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| **身体状况** | **1. □健康**  **2.有既往病史的请选勾以下内容 ： □血液病 □高血压 □精神病 □抑郁症 □肺病 □肝病 □心脏病 □癫痫 □哮喘 □其他** | | | | | | | | | | | | | | | | |
| **家庭成员情况** | | | | | | | | | | | | | | | | | |
| **姓名** | **年龄** | **关系** | | **工作单位** | | | | | | | | | | | | **联系电话** | |
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| **本人特长及自我评价：** | | | | | | | | | | | | | | | | | |
| **本人承诺保证以上所填写的资料和提供的身体状况信息真实有效，如有虚假、隐瞒和欺诈行为，本人愿意承担一切法律责任，公司根据《劳动合同法》第二十六条、第三十九条之规定立即解除本人劳动合同。**  **签名（捺印）： 年 月 日** | | | | | | | | | | | | | | | | | |
| **备注：**  **应聘人员需详细填写此表，提交相关证书原件查看，否则人力资源部将不予办理入职手续。** | | | | | | | | | | | | | | | | | |
| **人力资源部意见：**  **签字（盖章）： 年 月 日** | | | | | | | | | | | | | | | | | |
| **用人部门意见：**  **签字（盖章）： 年 月 日** | | | | | | | | | | | | | | | | | |
| **分管领导意见：**  **签字： 年 月 日** | | | | | | | | | | | | | | | | | |
| **总经理意见：**  **签字： 年 月 日** | | | | | | | | | | | | | | | | | |
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