**ZIBS Candidate Registration Form**

请记得贴照片

应聘登记表

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Apply Position**  **应聘职位** | | | |  |  |  | **Expected Salary(before tax)**  **期望年薪(税前):** | |  |  |
| **General**  **一般情况** | | | |  |  |  |  |  |  |  |
| Chinese Name  姓名(中文) | | | |  | Politics Status  政治面貌 |  | Sex  性别 |  | 微信号  WeChat | |
| E-mail Address  邮箱 | | | |  | Nationality  国籍/民族 |  | Mobile Phone | 移动电话 | | |
| Date of Birth  出生年月 |  | | |  | | ID Card  No.身份证号码 |  |  |  |  |
| Are you willing to work in Haining？(For positions base in Haining only) | | | | |  | Height |  | Weight |  |  |
| 您是否愿意在海宁工作？ | | | | |  | 身高 |  | 体重 |  |  |
| Current Address  当前居住地 | | | | |  | Zip Code  邮编 |  | Home Phone  家庭电话 |  |  |
| Registered Address | | | |  |  | Start to Work |  | | | |
| 户口所在地 | | | |  |  | 参加工作时间 |
| How Do You Know about this Recruiting? | | | | | | | | | | |
| 您从何处得知本单位正在招聘的？ | | | | | | | | | | |
| \*： If recommended/ introduced by anyone in the organization, please indicate: Name Dept. | | | | | | | | | | |
| 注：若为单位内部人员推荐，请注明： 姓名： 部门： | | | | | | | | | | |
| **Work Experience (History Background Investigation will be implemented at the final employment stage)** | | | | | | | | | |  |
| **任职记录(在最后录用阶段单位将对您进行背景调查，如有虚假单位将不予录用。)** | | | | | | | | | |  |
| Work Period | | | Name of Employer | | | Job Title | Reason for Leaving | Compensation & Benefits | References | Office Phone |
| 工作期间 | | | 单位名称 | | | 职位 | 辞职原因 | 收入 | 证明人 | 办公电话 |
|  | | |  | | |  |  |  |  |  |
|  | | |  | | |  |  |  |  |  |
|  | | |  | | |  |  |  |  |  |
| **Education** | | | |  |  |  |  |  |  |  |
| **教育背景** | | | |  |  |  |  |  |  |  |
| Period Attended | | | |  | Certificate/Degree | Name of School | | Major | Graduate/Off | |
| 在学期间 | | | | | 证书/学位 | 学校名称 | | 专业 | 毕/结/肄业 | |
|  | | | | |  |  |  |  |  |  |
|  | | | | |  |  |  |  |  |  |
| 年 月 | | | |  |  |  |  |  |  |  |
|  | | | | |  |  |  |  |  |  |
| **Training Background** | | | | |  |  |  |  |  |  |
| **培训背景** | | | |  |  |  |  |  |  |  |
| Period Attended | | | | | Training Institution | | Training Course | | Certificate |  |
| 培训期间 | | | | | 培训机构 | | 培训课程 | | 证书 | |
|  | | | | |  |  |  | |  |  |
|  | | | | |  |  |  | |  |  |
|  | | | | |  |  |  | |  |  |
| **Languages & Computer Skills (Proficient, Advanced, Intermedia, Elementary)** | | | | | | | |  |  |  |
| **语言和电脑技能(精通、熟练、良好、一般)** | | | | | |  | | |  |  |
| Languages  语言 | | | | Read  读 | | Listening  听 | Writing  写 | Certificate  证书 | | |
| English | | | |  | |  |  |  | | |
| 英语 | | | |  | |  |  |
| Others | | | |  |  |  |  |  | | |
| 其他语言\_\_\_\_\_\_\_\_ | | | |  |  |
| Computer Skills | | | | | | Other Skills | | |  |  |
| 计算机技能 | | | | | | 其他技能 | | |  |  |
| **Family Background (For your spouse, children, parents)** | | | | | |  |  |  |  |  |
| **家庭情况（请列举配偶、子女、父母情况）** | | | | | |  |  |  |  |  |
| **Name**  **姓名** | | **Relationship**  **与本人关系** | | | **Name of Employer**  **工作单位** |  |  | **Phone No.**  **联系电话** |  |  |
|  | |  | | |  |  |  |  |  |  |
|  | |  | | |  |  |  |  |  |  |
|  | |  | | |  |  |  |  |  |  |
| **In Case of Emergency Please Notify:** | | | | | |  |  |  |  |  |
| **紧急联系人** | | | |  |  |  | | | | |
| Name  姓名 | | | |  | Phone No.  电话 | Address  地址 | | | | |
|  | | | |  |  |  | | | | |
| **以下信息自愿填写The following information is completed** **voluntarily**  **Declaration**  **本人声明** | | | | | | | | | | |
| Have you ever worked in Zhejiang University? If yes, please give department, position and level | | | | | | | | | YES | NO |
| 您是否曾在浙大工作过？如有，请说明部门、职位、职级 | | | | | | | | | ○ 是 | ○ 否 |
| Do you have relatives working in our organization? If yes, please give name and position | | | | | | | | | YES | NO |
| 您是否有亲戚朋友在本单位工作？如有，说明姓名职位 | | | | | | | | | ○ 是 | ○ 否 |
| Have you ever been punished due to bad behavior or disqualification? (Including rescinding labor contract because of working doings) | | | | | | | | | YES | NO |
| 你是否曾因为行为或工作受到原公司的纪律处分（包括过失性解除劳动合同）？ | | | | | | | | | ○ 是 | ○ 否 |
| Do you have any of the following health problems: Physical handicaps, Chronic, Hospitalized with 1 year or for treatment of some disease? | | | | | | | | | YES | NO |
| 你是否有下列身体状况：残疾、慢性病、在一年内住过医院或其他正在治疗的疾病？ | | | | | | | | | ○ 是 | ○ 否 |
| Have you ever been arrested or committed a crime? | | | | | | | | | YES | NO |
| 您是否有过犯罪记录？ | | | | | | | | | ○ 是 | ○ 否 |
| I declare that to the best of my knowledge and belief, all particulars I have given are complete and true. I understand that any false declaration or misleading statement or any significant omission may disqualify me from employment and render me liable to dismissal without any compensation or severance pay whatsoever. I understand that any job offer is subject to satisfactory references, a probationary period, and a satisfactory medical report. | | | | | | | | | | |
| 我声明本职位申请表中的内容真实无误。如在录用后发现与事实不符，本单位保留不给付任何形式的经济补偿并立即解聘的权力。在正式录用前我需要提供真实的申请材料和体检报告。 | | | | | | | | | | |
| Applicant's Signature Date | | | | | | | | | | |
| 申请人签字 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | |  |  |  |  |  |  |  |
|  | | | |  |  |  |  |  |  |  |