

应聘人员登记表

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| picturecontrol | ★求职意向 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ★**应聘部门** | | | | | | |  | | | | ★**应聘岗位** | | | | | |  | | | | | | | ★**求职类型** | | | | | 选择一项。 |
| ★**期望税前月薪**  **（单位：元）** | | | | | | |  | | | | ★**填表时间** | | | | | | 单击此处输入日期。 | | | | | | | ★**最快到岗时间** | | | | | 单击此处输入日期。 |
| ★**是否愿意接受岗位调剂** | | | | | | | | | | | | | | | | | 选择一项。 | | | | | | | | | | | | |
| ★**通过何种渠道了解我校招聘信息** | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| ★个人基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ★**姓名** |  | | | | | | ★**性别** | | | 选择一项。 | | | | | | ★**出生年月** | | | | | | | 单击此处输入日期。 | | | | | | | |
| ★**手机号码** |  | | | | | | ★**微信号** | | |  | | | | | | ★**身份证号码** | | | | | | |  | | | | | | | |
| ★**籍贯** |  | | | | | | ★**民族** | | |  | | | | | | ★**政治面貌** | | | | | | |  | | | | | | | |
| ★**婚姻状况** | 选择一项。 | | | | | | ★**生育状况** | | |  | | | | | | ★**特长** | | | | | | |  | | | | | | | |
| ★**裸眼视力** |  | | | | | | ★**身高** | | |  | | | | | | ★**兴趣爱好** | | | | | | |  | | | | | | | |
| ★**最高学历** | 选择一项。 | | | | | | ★**最高学位** | | | 选择一项。 | | | | | | ★**最后学历学位毕业院校及所学专业** | | | | | | |  | | | | | | | |
| ★**教师资格证名称** |  | | | | | | ★**专业技术人员职称名称** | | |  | | | | | | ★**社会工作年限** | | | | | | | | | | | | |  | |
| ★**学校工作年限** | | | | | | | | | | | | |  | |
| ★**通讯地址**  **（明细到“省市区路号”）** | | | | | |  | | | | | | | | | | | | | | | | | | ★**邮编** | | | | |  | |
| ★**紧急联系人** | | | | | |  | | | | | | | ★**紧急联系人电话** | | | | | | | | | | |  | | | | | | |
| ★**最后工作单位** | | | | | |  | | | | | | | ★**职务** | | | | | | | | | | |  | | | | | | |
| ★**是否已离职** | | | | | | 选择一项。 | | | ★**离职原因**  **（请写详细）** | | | |  | | | | | | | | | | | | | | | | | |
| ★学习经历（从高中起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ★**起止年月** | | | ★**毕业院校** | | | | | | | | | | | | ★**学历** | | | | | | ★**学位** | | | | | | | ★**所学专业** | | |
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| ★工作经历（从实习经历起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ★**起止年月** | | | | ★**工作（实习）单位** | | | | | | | | | | | ★**职务** | | | | | | | ★**证明人** | | | | | | ★**证明人联系电话** | | |
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| 职称或职业技能证书 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **证书名称** | | | | | | **证书级别**  **（如果没级别请写“无”）** | | | | | | | **证书取得日期** | | | | | | | | | | | | | | | **发证机关** | | |
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| ★主要家庭成员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ★**与本人关系** | | ★**姓名** | | | | ★**工作单位** | | | | | | | | | | | | | ★**职务** | | | | | | | | | ★**联系电话** | | |
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| 近10年论文发表、著作出版情况（填写行数不够可另起附页） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **书名（书号）** | | | | | | | | | | | **作者名次** | | | | **出版年月** | | | | | **完成章节字数（万）** | | | | | | **出版单位** | | | | |
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| 近10年科研情况（填写行数不够可另起附页） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目名称（编号）** | | | | | | | | | | | **本人排名** | | | **项目经费（万元）** | | | | | **项目进展情况** | | | | | | | | **下达单位、时间** | | | |
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| 获奖情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **项目名称** | | | | | | | | | | | **时间** | | | **本人排名** | | | | | **获奖名称等级** | | | | | | | | **授奖部门** | | | |
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| ★本科学历以上主修课程 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 讲授过的课程 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **声 明**  **本人授权“广州珠江职业技术学院”调查我的一切情况，并不追究任何人或单位提供资料所引起的不良影响的责任；同时声明此申请表所填写的内容均属事实，并清楚要履行身体检查，任何不实之处均可导致立即离职。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ★应聘申请人签名： | | | | |  | | | | | | | | ★日期： | | | |  | | | | | | | | | | | | | |