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| **上海陆家嘴金融城发展局**  **社会招聘应聘人员登记表**  应聘岗位： □是□否愿意接受岗位调剂 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | | | **性别** | | | | | **出生年月** | | | | | | **政治面貌** | | | **入党年月** | | | | | |  | | |
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| **国籍** | | | **民族** | | | | | **籍贯** | | | | | | **户口所在地** | | | **参加工作年月** | | | | | |
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| **婚育状况** | | | **现工作单位及部门** | | | | | | | | | | | **现岗位及职务** | | | **现岗位工作年限** | | | | | |
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| **最高全日制**  **学历及学位** | | | **学校及专业** | | | | | | | **现住址及邮编** | | | | | | | **E-mail** | | | | | **联系方式** | | | **紧急联系方式** |
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| **工作情况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | | | **单位及部门** | | | | | | | | | | | | **岗位职务** | | | | | | | |
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| **教育情况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | **学校** | | | | | | | | | **专业** | | | | | **教育类别** | | | | | | **学习形式** | | |
| **高中/大专/本科等** | | | | | | **全日制/在职/课程班等** | | |
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| **技能和证书** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **种类** | | | **证书名称** | | | | | | | | | | **证书颁发单位** | | | | **证书获得年月** | | | | | | **掌握程度** | | |
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| **培训经历** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | | | | **课程/培训名称** | | | | | | | | | **课程/培训内容** | | | | | | | | | |
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| **主要奖励记录（省部级及以上奖励情况、论著/专利成果等）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **时间** | | **奖励/论著/专利名称** | | | | | | | | | **级别** | | | | **原因** | | | | | **授予/出版单位** | | | | | |
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| **主要处罚记录（违法、违纪或其他不良行为记录）** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **家庭情况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **称谓** | **姓名** | | | | **出生年月** | | | | | **工作单位及职务** | | | | | | | | | | | | | | | |
| 父亲 |  | | | |  | | | | |  | | | | | | | | | | | | | | | |
| 母亲 |  | | | |  | | | | |  | | | | | | | | | | | | | | | |
| 配偶 |  | | | |  | | | | |  | | | | | | | | | | | | | | | |
| 子女 |  | | | |  | | | | |  | | | | | | | | | | | | | | | |
| 子女 |  | | | |  | | | | |  | | | | | | | | | | | | | | | |
| **身体状况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 健康状况：□良好 □一般 □差 身高： cm 体重： kg | | | | | | | | | | | | | | | | | | | | | | | | | |
| 如有以下疾病或病史，请用√表示并说明：  □皮肤病 □心脏病 □肝炎 □肺炎 □哮喘 □肾炎 □精神疾病  说明：身体状况是否存在不适应应聘岗位工作需求的情况？□皮肤病 □心脏病（请说明） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 与本公司职工是否有亲属关系 | | | | | | | | □有 □无 | | | | | | | | | | | | | | | | | |
| 亲属姓名 | | | |  | | | | | 部门 | | | | | | |  | | | 职务 | | | | |  | |
| 推荐人 | | | | | | | □有 □无 | | | | | | | | | 推荐人姓名 | | | | |  | | | | |
| 目前薪资 | | | | | | |  | | | | | | | | | 期望薪资 | | | | |  | | | | |
| 注：如以上填写信息为虚假信息，或故意隐瞒真实情况，若录用，一经发现视为严重违纪，将解除劳动关系。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承诺：本人承诺以上填写的内容均属实。  签名： 日期： | | | | | | | | | | | | | | | | | | | | | | | | | |

人力资源部制