重庆市船舶检验中心有限公司 应聘登记表

**拟应聘岗位： 工作地点： 填表日期： 年 月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 求职者誓言:  1、本人保证在此表内所填一切皆属事实，可作为劳动合同的组成部分，如若不实，将解除劳动合同。  2、本人保证自己无劳动教养、拘役或者被依法追究刑事责任等任何犯罪记录。  3、本人保证自己未曾有吸毒行为。  4、本人授权公司调查有关资料的真实性。  **求职者签名:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | | | | 曾用名 | | |  | | | | | 出生年月 | | | | | |  | | | | | | |  | | |
| 性 别 | |  | | | | | | 籍 贯 | | |  | | | | | 民 族 | | | | | |  | | | | | | |
| 政治面貌  （党员需填写入党时间） | |  | | | | | | 学 历 | | |  | | | | | 专 业 | | | | | |  | | | | | | |
| 职 称 | |  | | | | | | 外语/等级 | | |  | | | | | 计算机等级 | | | | | |  | | | | | | |
| 身 高 | |  | | | | | | 体 重 | | |  | | | | | 血 型 | | | | | |  | | | | | | |
| 身份证号 | |  | | | | | | | | | 联系电话 | | | | |  | | | | | | | | | | 邮箱 | | | |  | |
| 户口所在地 | |  | | | | | | | | | 户口类型 | | | | |  | | | | | | | | | | | | | | | |
| 档案所在地 | |  | | | | | | | | | 托管单位 | | | | |  | | | | | | | | | | | | | | | |
| 是否参加社保 | | A：是 B：否 | | | | | | | | | 最后一次社保缴纳时间 | | | | | | | | |  | | | | | | | | | | | |
| 现通讯地址 | |  | | | | | | | | | | | | | | | | | | 邮 编 | | | | | | |  | | | | |
| 现住房源 | | A：与父母同住 B：私有房产 C：单位分房 D：租房 E：其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 婚姻状况 | | A：未婚 B：已婚 C：离婚 | | | | | | | | | | | | 是否愿意驻外（出差） | | | | | | | | | | | A:是 B：否 | | | | | | |
| 与原单位关系 | | A：已解除劳动关系 B：在职 C：退休 D其他 | | | | | | | | | | | | | | | | | | | | | 是否属于退役军人 | | | | | | | |  |
| 教育背景(从高中时填起) | 就读时间段 | | | | 就读院校 | | | | | 专业 | | | | | 毕(结)业情况 | | | | 受教育形式  （统招/成教/自考） | | | | | | | | | | | | 学历/学位 |
|  | | | |  | | | | |  | | | | |  | | | |  | | | | | | | | | | | |  |
|  | | | |  | | | | |  | | | | |  | | | |  | | | | | | | | | | | |  |
|  | | | |  | | | | |  | | | | |  | | | |  | | | | | | | | | | | |  |
| 工作  经历 | 何年何月-何年何月 | | | | | 工作单位 | | | | | | 职务 | | | | | 薪金 | | | | 证明人 | | | | | | | | 联系电话 | | |
|  | | | | |  | | | | | |  | | | | |  | | | |  | | | | | | | |  | | |
|  | | | | |  | | | | | |  | | | | |  | | | |  | | | | | | | |  | | |
|  | | | | |  | | | | | |  | | | | |  | | | |  | | | | | | | |  | | |
|  | | | | |  | | | | | |  | | | | |  | | | |  | | | | | | | |  | | |
|  | | | | |  | | | | | |  | | | | |  | | | |  | | | | | | | |  | | |
| 执业资格及职称证 | 取得时间 | | | | | 资格（职称）名称、级别 | | | | | | | | | | | 取得时间 | | | | | | | 资格（职称）名称、级别 | | | | | | | |
|  | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | |
|  | | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | |
| 家庭成员 | 姓名 | | | 与本人关系 | | | | | 年龄 | 工作单位 | | | | | | | | | 职务 | | | | | | | | | | 联系电话 | | |
|  | | |  | | | | |  |  | | | | | | | | |  | | | | | | | | | |  | | |
|  | | |  | | | | |  |  | | | | | | | | |  | | | | | | | | | |  | | |
|  | | |  | | | | |  |  | | | | | | | | |  | | | | | | | | | |  | | |
| 身体状况：   1. 是否做过手术 □否 □是 手术名称： 时 间： 年 月 2. 是否有传染性疾病 □否 □是 疾病名称： 患病时间： 年 月 3. 是否有抑郁等精神类疾病 □否 □是 疾病名称： 患病时间： 年 月 4. 是否有重大疾病史 □否 □是 疾病名称： 起止时间： 年 月— 年 月   总体而言，我的身体状况是：  □身体健康，无重大疾病史，完全可以承受较大工作压力，也无影响正常工作的疾病隐患。  □身体状况良好，虽有重大疾病病史，但是完全可以承受较大压力，不会影响正常工作。  □身体状况一般，能正常工作，但不能承受较大压力。  □其他 。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 专长与爱好 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自我评价 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否服从调配 | | | □否 □是 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 税前理想收入 | | |  | | | | 要求税前最低收入 | | | | | |  | | | | | 如聘用何时可上班 | | | | | | | | | |  | | | |