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| 海南旅投免税品有限公司 职位应聘登记表 | | | | | | | | | | | | | | | | | | |
|
| 感谢您应聘我公司，我们将致力于为您提供公平的就业机会；若本岗位不合适，您的资料将会在我公司人力资源储备库中保存一年，其间有可能会再次与您联系；如果您有可证明您个人业绩或专业素质的资料，请您附在本表后一并转给我们。 | | | | | | | | | | | | | | | | | | |
| **一、个人信息** | | | | | | | | | | | | | | | | | | |
| 申请岗位： | |  | | | | | | | | | 填表日期： | | | | | | | |
| 姓名 | |  | 性别 | | |  | | | | | 出生日期 |  | | | | | | 照片 |
| 民族 | |  | 籍贯 | | |  | | | | | 现居住地址 |  | | | | | |
| 身高 | |  | 婚姻状况 | | |  | | | | | 参加工作时间 |  | | | | | |
| 外语水平 | |  | 职称/职业资格 | | |  | | | | | 政治面貌 |  | | | | | |
| 最高学历 | |  | 电子邮箱 | | |  | | | | | 联系电话 |  | | | | | |
| 身份证号码/护照号ID | | |  | | | | | | | | 紧急联系方式 |  | | | | | |
| 学习及培训经历 | 起止时间（年月） | | 毕业院校/培训机构 | | | | | | 所学专业/培训项目 | | | 所获学历 | | | 所获学位 | | | 就读方式 |
|  | |  | | | | | |  | | |  | | |  | | | □统招 □自费 |
|  | |  | | | | | |  | | |  | | |  | | | □统招 □自费 |
|  | |  | | | | | |  | | |  | | |  | | | □统招 □自费 |
|  | |  | | | | | |  | | |  | | |  | | | □公费 □自费 |
|  | |  | | | | | |  | | |  | | |  | | | □公费 □自费 |
| 工作经历 | 起止时间（年月） | | | | 公司名称 | | | | | | 职位名称 | | 离职原因 | | | | | 证明人及联系电话 |
| 经历一 |  | | |  | | | | | |  | |  | | | | |  |
| 职责简述： | |  | | | | | | | | | | | | | | |
| 经历二 |  | | |  | | | | | |  | |  | | | | |  |
| 职责简述： | |  | | | | | | | | | | | | | | |
| 经历三 |  | | |  | | | | | |  | |  | | | | |  |
| 职责简述： | |  | | | | | | | | | | | | | | |
| 经历四 |  | | |  | | | | | |  | |  | | | | |  |
| 职责简述： | |  | | | | | | | | | | | | | | |
| 经历五 |  | | |  | | | | | |  | |  | | | | |  |
| 职责简述： | |  | | | | | | | | | | | | | | |
| 经历六 |  | | |  | | | | | |  | |  | | | | |  |
| 职责简述： | |  | | | | | | | | | | | | | | |
| 技能 | 请描述可证明你专业能力的业绩，例如曾参与过的富有挑战性的项目： | | | | | | | | | | | | | | | | | |
|
|
| 家庭关系 | 称谓 | 姓名 | 出生年月 | | | | 居住地 | | | | 工作单位 | | 联系电话 | | | | | 备注 |
| 父亲 |  |  | | | |  | | | |  | |  | | | | |  |
| 母亲 |  |  | | | |  | | | |  | |  | | | | |  |
| 配偶 |  |  | | | |  | | | |  | |  | | | | |  |
| 儿子 |  |  | | | |  | | | |  | |  | | | | | 有子女的请填写 |
| 女儿 |  |  | | | |  | | | |  | |  | | | | |
| **二、性格特征** | | | | | | | | | | | | | | | | | | |
| 个性特征及爱好特长： | | | | | | | | | | | | | | | | | | |
|
| 自身最大优势： | | | | | | | | | | | | | | | | | | |
|
| 自身不足或需要完善的地方： | | | | | | | | | | | | | | | | | | |
|
| 最喜欢的一句话或最骄傲的一件事： | | | | | | | | | | | | | | | | | | |
|
| 未来三年职业规划： | | | | | | | | | | | | | | | | | | |
|
| **三、职业期望及说明** | | | | | | | | | | | | | | | | | | |
| 期望应聘或自信适合的岗位： | | | | | | | | | | | | | | | | | | |
| 原工作岗位月薪资水平（税前）： | | | | | | | | | | 年平均收入（税前）： | | | | | | | | |
| 最低月薪要求（税前）： | | | | | | | | | | 年收入要求（税前）： | | | | | | | | |
| 因身体的原因而不能从事的工作需事先申明： | | | | | | | | | | | | | | | | | | |
| 是否服从我公司全省范围内调配： □是 □否 | | | | | | | | | | | 如社保办理有特殊要求，请提出，我们会协助你办理。 | | | | | | | |
| **四、关系声明** | | | | | | | | | | | | | | | | | | |
| 有否亲属在我公司服务：□有 □否 | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | | 关系 | | | | | | | | | 部门 | | | | |
|  | | | | |  | | | | | | | | |  | | | | |
|  | | | | |  | | | | | | | | |  | | | | |
| **五、其它需要事先说明的情况：** | | | | | | | | | | | | | | | | | | |
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| **本人保证在此登记表内填写之全部事项皆准确无误，如有隐瞒或提供的资料不真实，自愿接受公司的一切纪律甚至解聘而不可获得任何补偿之处分；** | | | | | | | | | | | | | | | | | | |
|  |  |  |  | |  | |  |  |  |  |  |  |  |  |  | | |  |
|  |  |  |  | |  | |  |  |  |  | **签名** |  |  |  | **日期** | | |  |