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| 附件  济南健康产业科技研究院应聘报名表 | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | | | 曾用名 | | | |  | | | | 性别 | | |  | | | 正面免冠 二寸相片 | |
| 出生年月 | |  | | | | | 民 族 | | | |  | | | | 出生地 | | |  | | |
| 籍 贯 | |  | | | | | 政治面貌 | | | |  | | | | 健康 状况 | | |  | | |
| 身份证号码 | |  | | | | | | | | | 参加工作 时间 | | | |  | | | | | |
| 全日制教育 | | 学历学位 | | | |  | | | | | 毕业院校及专业 | | | |  | | | | | | | |
| 在职教育 | | 学历学位 | | | |  | | | | | 毕业院校及专业 | | | |  | | | | | | | |
| 专业技术职称及专业 | |  | | | | | | | | | 职业资格 证书及等级 | | | |  | | | | | | | |
| 健康相关行业工作年限 | |  | | | | | | | | | | | | | | | | | | | | |
| 婚姻状况 | | 未婚□ 已婚□ 年 月 离异□ | | | | | | | | | | | | | 户口 所在地 | | |  | | | | |
| 手机号码 | |  | | | | | | | | | 固定电话 | | | |  | | | | | | | |
| 住址 | |  | | | | | | | | | 电子邮箱 | | | |  | | | | | | | |
| 外语水平 | |  | | | | | | | | | 计算机水平 | | | |  | | | | | | | |
| 其他技能及水平 | |  | | | | | | | | | | | | | | | | | | | | |
| 目前工作单位情况 | | 单位名称 | | | | | |  | | | | | | | 单位性质 | | |  | | | | |
| 主营业务 | | | | | |  | | | | | | | 所属行业 | | |  | | | | |
| 2019年度从业人数 | | | | | |  | | | | | | | 2019年度营业额 | | |  | | | | |
| 现任职务 | | | | | |  | | | | | | | 主要负责的工作 | | |  | | | | |
| 应聘单位、部门名称 | | | | | | | |  | | | | | | | | | | | | | | |
| 应聘岗位名称 | |  | | | | | | | 是否服从调剂安排 | | | |  | | | 期望薪资 | | |  | | | |
| 教育情况**（**本栏仅填写最高学历，其他受教育情况需自行附表展示**）** | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 学校和专业名称 | | | | | | | | 专业排名（在相应空格打“√”） | | | | | | | | | | | |
| 前15% | | | | 前30% | | | 前60% | | | 后40% | |
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| 工作经历**（**本栏仅填写当前工作情况，其他工作经历情况需自行附表展示**）** | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 工作单位 | | | | | | | 担任职务 | | | | | 工作内容和工作业绩 | | | | | | | |
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| 培训经历（本栏空间不足时，需自行附表展示） | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 培训内容 | | | | | | 培训地点 | | | | | 培训主办单位 | | | | | | 是否取得证书 | |
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| 家庭主要成员及主要社会关系 | | | | 称　谓 | | | | 姓名 | | 出生 年月 | | 政治 面貌 | | | 工作单位及职务 | | | | | | | |
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| 个人获奖情况（本栏空间不足时，需自行附表展示） | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | 获得何种奖励 | | | | | | | | 授予机构 | | | | | | | | | | | |
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| 自我评价 | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明： 以上内容全部属实，且本人愿意承担因不实内容引发的一切后果。    签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | |
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表后请附：

1. 本人受教育情况（截止到高中或中专）
2. 本人工作经历情况
3. 本人培训经历情况
4. 个人立功受奖情况

5.相关证书（身份证、学历学位、职称、所获奖项等证明材料图片，插入WORD文件）