中国消费品质量安全促进会岗位申请表

应聘职位： 填表日期：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | | | | | 性 别 | | | | |  | | | | | | 出生年月 | | | |  | | | | | | | | | (一寸免冠照片) | |
| 学 历 | | |  | | | | | | 专 业 | | | | |  | | | | | | 政治面貌 | | | |  | | | | | | | | |
| 籍 贯 | | |  | | | | | | 婚 否 | | | | |  | | | | | | 健康状况 | | | |  | | | | | | | | |
| 身份证号码 | | |  |  | |  |  |  | |  | |  |  | |  | |  | |  | |  | |  | | |  |  |  | | |  |  | |  |
| 户口所在地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭住址及邮编 | | |  | | | | | | | | | | | | | | | | | | | | | | 联系电话 | | | | |  | | | | | |
| 现地址及邮编 | | |  | | | | | | | | | | | | | | | | | | | | | | 联系电话 | | | | |  | | | | | |
| 个人联系方式 | | | 固定电话： 手 机： E-mail： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外语水平 | | |  | | | | | | | | | | | | | | | IT水平 | | | | | | |  | | | | | | | | | | |
| 教  育  经  历 | | 起止时间 | | | 学校 | | | | | | | | | | | 学习内容 | | | | | | | | | | | | | | | | | 取得证书 | |
|  | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
| 培  训  经  历 | | 起止时间 | | | 培训机构 | | | | | | | | | | | 培训内容 | | | | | | | | | | | | | | | | | 取得证书 | |
|  | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | |
| 工  作  或  实  践  经  历 | | 起止时间 | | | 工作单位 | | | | | | | | | | | 担任职务 | | | | | | 上级姓名/电话 | | | | | | | 月薪 | | | | 离职原因 | |
|  | | |  | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | |  | |
|  | | |  | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | |  | |
|  | | |  | | | | | | | | | | |  | | | | | |  | | | | | | |  | | | |  | |
| 家庭成员及主要社会关系 | | 姓名 | | | 关系 | | | | | | 年龄 | | | | | 工作单位及职务 | | | | | | | | | | | | | | | | | 联系电话 | |
|  | | |  | | | | | |  | | | | |  | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | |  | | | | | | | | | | | | | | | | |  | |
|  | | |  | | | | | |  | | | | |  | | | | | | | | | | | | | | | | |  | |
| 专业  特长  /技术职称 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 兴趣爱好 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要工作业绩  及  自我  评价 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩  记录 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘  渠道 | | □ 报纸 □ 网络 □ 现场招聘会 □猎头公司  □ 内部推荐（推荐人： ） □外部推荐（推荐人姓名： ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人  要求 | 薪酬待遇要求：  其他要求： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他 | * 有无传染病、职业病历史？ 有□、无□ 如果有，请说明何时何地得过何种疾病： * 有无犯罪历史？ 有□、无□ 如果有，请解释犯罪情况： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 如遇紧急情况，请通知：姓名： 地址： 联系方式： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人保证以上所述内容属实无误，没有任何虚假隐瞒行为，否则，本人愿意承担由此产生的一切后果，包括接受公司单方面无条件解除劳动合同。  签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |