附件2

贵阳市卫生健康投资有限公司

应聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 基 本 信 息 | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | |  | | | 性 别 | | | |  | | | | 出生年月  （ 岁） | | |  | | | | 照片 | | |
| 民 族 | | |  | | | 籍 贯 | | | |  | | | | 出 生 地 | | |  | | | |
| 户籍所在地 | | |  | | | 婚姻状况 | | | |  | | | | 政治面貌 | | |  | | | |
| 入党时间  （预备） | | |  | | | 参加工作  时间 | | | |  | | | | 工作年限 | | |  | | | |
| Email地址 | | |  | | | 档案  存放地 | | | |  | | | | | | | | 移动电话 | | |  | | |
| 学历  学位 | | | 全日制  教育 | | |  | | | | | | | | 毕业院校系及专业 | | |  | | | | | | |
| 在职  教育 | | |  | | | | | | | | 毕业院校系及专业 | | |  | | | | | | |
| 现居住地址 | | |  | | | | | | | | | | | 到岗  工作时间 | | |  | | | | | | |
| 应聘岗位 | | | |  | | | | | | | | | | | | | | | | | | | |
| 当前月薪酬（税前） | | | |  | | | | | | 期望月薪酬（税前） | | | | | | |  | | | | | | |
| 教 育 经 历（从高中开始填起） | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | **学校名称** | | | | | | **专业** | | | **教育类别** | | | | **学位** | | | **学习形式** | | | | |
| **高中/大专/本科等** | | | | **全日制/在职/课程班** | | | | |
|  | | |  | | | | | |  | | |  | | | |  | | |  | | | | |
|  | | |  | | | | | |  | | |  | | | |  | | |  | | | | |
|  | | |  | | | | | |  | | |  | | | |  | | |  | | | | |
| 工 作 经 历 | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | **单位** | | | | | **部门及岗位** | | | | **职务及主要职责** | | | | **上级主管及电话** | | | | | | | | **人力资源部联系人**  **及电话** |
|  | |  | | | | |  | | | |  | | | |  | | | | | | | |  |
|  | |  | | | | |  | | | |  | | | |  | | | | | | | |  |
|  | |  | | | | |  | | | |  | | | |  | | | | | | | |  |
| 家 庭 成 员 | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | **与本人关系** | | | | **工作单位** | | | | | | | | | **职务** | | | | | | **政治面貌** | | | |
|  |  | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | |  | | | | | | | | |  | | | | | |  | | | |
|  |  | | | |  | | | | | | | | |  | | | | | |  | | | |
| 专业技能、职（执）业资格 | | | | | | | | | | | | | | | | | | | | | | | |
| **获取日期** | | **类别** | | | | | | **名称** | | | | | **证书颁发单位** | | | | | | | | | | |
|  | |  | | | | | |  | | | | |  | | | | | | | | | | |
|  | |  | | | | | |  | | | | |  | | | | | | | | | | |
| 个人特长及爱好 | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |
| 其 他 问 题 | | | | | | | | | | | | | | | | | | | | | | | |
| 您是否有亲属在本公司工作？如有，请写明姓名、关系及部门；如无，请写否。（注：亲属关系包括：1、夫妻关系；2、直系亲属关系，包括父母、子女等；3、三代以内旁系血亲关系，包括兄弟姐妹、伯叔姑舅姨侄甥；4、近姻亲关系，包括配偶的父母、配偶的兄弟姐妹及其配偶、子女的配偶及子女配偶的父母。） | | | | | | | | | | | | | | | | | | | | | |  | |
| 从何处获得此招聘信息？1、公司网站；2、公司员工介绍（请注明姓名）；3、专业招聘网站（请注明）；4、其他（请注明） | | | | | | | | | | | | | | | | | | | | | |  | |
| 目前您是否与其他用人单位建立了劳动关系？（包括签订了书面劳动合同或者存在事实上的劳动关系） | | | | | | | | | | | | | | | | | | | | | |  | |
| 是否与目前任职公司有服务期、竞业限制等约定，如有，请说明。如没有，请填写“否” | | | | | | | | | | | | | | | | | | | | | |  | |
| 您在报到后能否将个人人事档案转入公司？ | | | | | | | | | | | | | | | | | | | | | |  | |
| 您是否同意公司开展您个人的背景调查？ | | | | | | | | | | | | | | | | | | | | | |  | |
| 是否有家族遗传病史？请详细告知。如没有，请填写“否”。 | | | | | | | | | | | | | | | | | | | | | |  | |
| 您是否参加了/参加过任何非法组织或团体？ | | | | | | | | | | | | | | | | | | | | | |  | |
| 您是否有违法违纪等犯罪记录？ | | | | | | | | | | | | | | | | | | | | | |  | |
| 您是否服从岗位调剂？ | | | | | | | | | | | | | | | | | | | | | |  | |

本人承诺：

以上陈述及回答内容均属实；如与事实有任何不符，本人认同并接受公司在知悉真实情况时做出的任何处理结果，并愿承担一切法律责任。

**本人签名：**

**填表日期：**