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| 福州市规划设计研究院集团有限公司人员信息登记表 | | | | | | | | | | | | | | | | | | | | | | | | | |
| **求职岗位：** | | | | | | | | | | | | | **岗位所在公司：** | | | | | | | | | | | | |
| **基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | 性别 | | |  | | | 出生年月日 | | | | | XXXX-XX-XX | | | | | 照片 | | | | |
| 籍贯 | | 填省、市、区/县 | | | 民族 | | |  | | | 参加工作时间 | | | | | XXXX-XX-XX | | | | |
| 婚育状况 | |  | | | | | | | | | 身高(cm) | | | | |  | | | | |
| 政治面貌 | |  | | | | | | | | | 加入党派时间 | | | | | XXXX-XX-XX | | | | |
| 身份证号码 | |  | | | | | | | | | 联系方式 | | | | |  | | | | |
| 紧急联系人及关系 | |  | | | | | | | | | 紧急联系电话 | | | | |  | | | | |
| 职称情况及获得时间 | |  | | | | | | | | | 注册职业资格及获得时间 | | | | |  | | | | | | | | | |
| 户籍所在地  地址 | |  | | | | | | | | | 户籍性质 | | | | | 非农业户口 □ 农业户口 □  集体户口 □ | | | | | | | | | |
| 现 住 址 | |  | | | | | | | | | 联系地址（送达地址） | | | | |  | | | | | | | | | |
| 档案存放地 | |  | | | | | | | | | E-Mail | | | | |  | | | | | | | | | |
| **教育背景（从高中开始填写）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | **毕业院校** | | | | | | **专业** | | | | | **学历** | | | | **学位** | | | | **教育形式** | | | **成绩排名** |
|  | | |  | | | | | |  | | | | |  | | | |  | | | | **（全日制/在职）** | | |  |
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| **工作或实践经历** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | **工作单位** | | | | | | **部门** | | | | | | **职务** | | | **证明人** | | | | **联系电话** | | | |
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| **经验技能与自我认知** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社会职务 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 获奖情况 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 外语语种及外语水平 | | |  | | | | | | | | | | 计算机水平 | | | | | |  | | | | | | |
| 技能/特长 | | |  | | | | | | | | | | 兴趣爱好 | | | | | |  | | | | | | |
| 自我评价 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **家庭成员（父母、配偶、子女、兄弟姐妹）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | **称谓** | | | **出生年月日** | | | **年龄** | | | **工作单位** | | | | | | **职务** | | | | **政治面貌** | | | | **联系电话** | |
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| **其他相关内容** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 对我公司的了解程度 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 转换工作原因 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 是否有亲属在本单位工作 | | | □是（姓名 部门及职位 关系 ） □否 | | | | | | | | | | | | | | | | | | | | | | |
| 有无既往病史（包含手术、传染性疾病等） | | | □有（具体情况描述 ） □无 | | | | | | | | | | | | | | | | | | | | | | |
| 目前是否有缴医社保： | | | □是（原医保地区 原社保地区 ） □否 | | | | | | | | | | | | | | | | | | | | | | |
| 现税前月收入 | | |  | | | 希望税前月收入 | | | | | |  | | | | | 可到岗时间 | | | | | |  | | |
| 填表承诺：本人所提供的所有情况是正确的、属实的；我同意并接受单位对表中内容进行调查。如有虚假信息，用人单位可随时取消录用资格乃至与我解除劳动合同并终止劳动关系，我承诺放弃任何补偿和赔偿要求同时承担因此给用人单位造成的一切损失。表中所填联系地址（送达地址）为本人有效送达地址，本人同意并确认履行合同过程中的所有文书以向上述地址邮寄当日视为送达。如因履行本合同发生的纠纷而提起诉讼的，在本人未向法院确认变更新的送达地址前，本人确认法院亦以前述地址为唯一送达地址。  承诺人签名（手印）：   日期： **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | |