附件2：

长兴文化旅游发展集团有限公司

求 职 登 记 表

登记日期： 年 月 日 应聘岗位：

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| 姓名 姓名 | |  | | | | 性别 | | | |  | | | | 出生年月 | | | | | | | |  | | | | | 民族 | | | |  | | 照片 | |
| 籍贯 | |  | | | | 政治面貌 | | | |  | | | | 婚姻状况 | | | | | | | |  | | | | | 子女 | | | |  | |
| 身高 | |  | | | | 体重 | | | |  | | | | 视力 | | | | | | | |  | | | | | 健康状况 | | | |  | |
| 身份证号码 | | | | | |  | | | | | | | | | | | 户口所在地址 | | | | | | | | | | |  | | | | | | |
| 户口性质 | | | | | | □城镇  □农村 | | | | 业余爱好 | | | | |  | | | | | | | | 联系电话 | | | | | | | 手机:  家庭电话: | | | | |
| 现住地址 | | | | | |  | | | | | | | | | | | | | | | | | 文化程度 | | | | | | |  | | | | |
| 外语语种及水平 | | | | | |  | | | | | | | | | | | | | | 技术特长及证书 | | | | | | | | | |  | | | | |
| 现工作  状态 | | | □在职  □失业  □离退休 | | | 择业  意向 | | | | | | |  | | | | | | | | | | | | | | | | | 在本单位是否有在职亲属 | | | |  |
| 薪金及其他要求： | | | | | | | | | | | | | | | | | | | | | |
| 若您被录用，何时能来上班？ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家 庭 成 员 | 称 呼 | | | | 姓 名 | | | | | | 年 龄 | | | | | | | | 工作单位/就读学校 | | | | | | | | | | | | 联 系 电 话 | | | |
| 父亲 | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | |
| 母亲 | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | |
| 岳父（公公） | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | |
| 岳母（婆婆） | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | |
| 配偶 | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | |
| 子女 | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | | | |  | | | |
| 个 人 简 历 | 起 止 时 间 | | | | | | | 单 位 名 称 | | | | | | | | 职务  （工种） | | | | | | | | 离 职  原 因 | | | | | 证明人 | | | 联 系  电 话 | | |
| 年 月 | | | | 年 月 | | |
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| **注:请于首行填写第一次参加工作的经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学习经历 | 教育  程度 | | | 起 止 时 间 | | | | | | | | 学 校 名 称 | | | | | | | | | 教育性质及专业 | | | | | 得 何 证 书 | | | | | 联 系 电 话 | | | |
| 年 月 | | | 年 月 | | | | |
| 初中 | | |  | | |  | | | | |  | | | | | | | | |  | | | | |  | | | | |  | | | |
| 高中 | | |  | | |  | | | | |  | | | | | | | | |  | | | | |  | | | | |  | | | |
| 大学 | | |  | | |  | | | | |  | | | | | | | | |  | | | | |  | | | | |  | | | |
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| 培 训 经 历 | 培 训 时 间 | | | | | | | | 培 训 主 题 | | | | | | | | | | | | | | | | | 培 训 证 书 | | | | | 培 训 机 构 | | | |
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| **★是否已与前单位解除劳动关系** | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 健康情况: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 请在相关处以“√”表示 | | | | | | | | | | | | | | | | | | 是 | | | | 否 | | | 如有，请详细说明 | | | | | | | | | |
| 曾否患有严重疾病、受伤或接受手术治疗 | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | | | | | | | |
| 曾否患有传染性疾病 | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | | | | | | | |
| 是否残疾并持残疾证 | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | | | | | | | | |

**本人承诺以上提供信息均为真实信息，如有虚假，愿承担一切因此而产生的后果。**

**本人签名： 日期：**