**应聘申请表**

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| 姓 |  | | | | | | | 性 别 | | | 🞏男 🞏女 | | | | | | | | | | 最高学历 | | | | | | | |  | | | | | | | | | | | 近期一寸免冠照片 | | |
| 名 |  | | | | | | | 身份证号 | | |  | |  | |  |  | |  | |  | |  |  | |  | |  |  | |  |  | |  |  |  |  | |  | |
| 婚姻状况 | 🞏未婚 🞏已婚 🞏离异 | | | | | | | | | | | | | | | | | | | | 民 族 | | | | | | |  | | | | | | | | | | | |
| 期望薪资 | 🞏商议 🞏具体： | | | | | | | | | | | | | | | | | | | | 出生日期 | | | | | | | 年 月 日 | | | | | | | | | | | |
| 体 重 |  | | | | |  | K  G | 身 高 | |  | | | |  | |  | | | CM | | 政治面貌 | | | | | | | 🞏党员 🞏团员 🞏群众 | | | | | | | | | | | |
| 可工作地点 | | | 1、 2、 3、 | | | | | | | | | | | | | | | | | | 到岗时间 | | | | | | | 🞏立即 🞏其他： | | | | | | | | | | | |
| 应聘信息来源 | | | |  | | | | | | | | | | | | | | | | | 注： | | | | | | | | | | | |
| 现在住址： | | | | | | | | | | | | | | | | | | | | | | | | | | | | 联络电话: | | | | | | | | | | | | | | |
| 户籍地址： | | | | | | | | | | | | | | | | | | | | | | | | | | | | 电子邮箱: | | | | | | | | | | | | | | |
| **教 育 经 历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学 历 | | 起始年月 | | | | | | 截止年月 | | | | | | | | | 学校名称 | | | | | | | | | | | | | | | | | | | | | | | 专 业 | | |
| 高中/中专 | | 年 月 | | | | | | 年 月 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 大 专 | | 年 月 | | | | | | 年 月 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 本 科 | | 年 月 | | | | | | 年 月 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 硕 士 | | 年 月 | | | | | | 年 月 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **职 业 培 训 经 历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起始年月 | | | | | | 截止年月 | | | | 培训机构 | | | | | | | | | | | | | | 培训科目 | | | | | | | | | | | | | | | 地 点 | | 相关证书 | |
| 年 月 | | | | | | 年 月 | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |  | |
| 年 月 | | | | | | 年 月 | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | |  | |
| **语 言 能 力 (请以优、好、差表示)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 语言名称 | | | | 读 | | | | | | | | 写 | | | | | | | | | | | | | | 听 | | | | | | | | | | | | | 说 | | | |
| 普通话 | | | |  | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
|  | | | |  | | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
| 熟悉的办公软 | | | | 🞏Word 🞏Excel 🞏PowerPoint 🞏其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 兴 趣 爱 好 | | | | 🞏球类运动 🞏极限运动 🞏音乐 🞏上网 🞏旅游 🞏其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工 作 经 历（包括现职，以年月先后顺序详列）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起始年月 | | | | | 截止年月 | | | | 公司名称 | | | | | | | | | | | | | | | 职 位 | | | | | | | | 主管姓名 | | | | | 薪 资 | | | | | 离职原因 |
| 年 月 | | | | | 年 月 | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | |  |
| 年 月 | | | | | 年 月 | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | |  |
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| 年 月 | | | | | 年 月 | | | |  | | | | | | | | | | | | | | |  | | | | | | | |  | | | | |  | | | | |  |

**档案编号： 申请职位： 申请部门：**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **家 庭 状 况（父母、配偶等）** | | | | | | | | |
| 亲属关系 | 姓 名 | | 年 龄 | | 职 业 | 住 址 | | 联络电话 |
| 父 亲 |  | |  | |  |  | |  |
| 母 亲 |  | |  | |  |  | |  |
| 丈夫/妻子 |  | |  | |  |  | |  |
|  |  | |  | |  |  | |  |
| **请列举能提供有关本人品行及能力信息的亲朋好友** | | | | | | | | |
| 关 系 | 姓 名 | | 职 业 | | | 地 址 | | 联系电话 |
|  |  | |  | | |  | |  |
|  |  | |  | | |  | |  |
| **是否有在新联康服务的亲属或朋友** 🞏否 🞏是（请注明职位与姓名） | | | | | | | | |
| 关 系 | | 姓 名 | | 部 门 | | | 职 位 | 联络电话 |
|  | |  | |  | | |  |  |
| **健康状况**（最近两年） | | | | | | | | |
| **1、是否曾患上重病、动过手术：** 🞏否 🞏是  **2、是否存在慢性疾病：** 🞏否 🞏是  **3、是否得过传染性疾病：**  🞏否 🞏是  **4、是否身体存在残疾：**  🞏否 🞏是  **5、其他情况**（或对以上情况说明）**：** | | | | | | | | |
| **是否因涉案列有前科记录或交付管束** 🞏否 🞏是**（请说明原因）：** | | | | | | | | |
|  | | | | | | | | |
| **胜任本职位所特有的经历或技能**（销售类职位请简述一个精彩案例） | | | | | | | | |
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| **个人自传**（请简述一段自己生活或工作中的小故事） | | | | | | | | |
|  | | | | | | | | |
| **郑重声明：**   * 表中所填各项，均属事实，如有虚报事项，本人愿意接受无条件解除劳动关系等处分； 🞏同意 🞏不同意 * 如因本人与其他公司存在劳动关系，未提前声明者，衍生出的相关责任需由本人承担； 🞏同意 🞏不同意 * 本人的住址及联系电话变更后需在2个工作日内报备人力资源部，否则将默认为原联系方式； 🞏同意 🞏不同意 * 如需要对曾经服务过的公司做背景了解是否可以接受； 🞏同意 🞏不同意   **申请人（签名）： 申请日期： 年 月 日** | | | | | | | | |