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| 姓名 | | | {{staffName}} | | | | | | 性别 | | {{sex}} | | | 民族 | | | | {{nation}} | | | | | | | 籍贯 | | | | {{nativeAddress}} | | | | | | | | | | | | | 贴小一寸彩照 | | | | |
| 身份证号码 | | | {{ idNumber }} | | | | | | | | | | 出生日期 | | | | {{ birthday }} | | | | | | | | | | | | 出生地 | | | | | {{ birthAddress }} | | | | | | | |
| 政治面貌 | | | {{politics == ‘群众’ ? : □}}群众 {{politics == ‘共青团员’ ? : □}}共青团员 {{politics == ‘中共党员? : □}}中共党员 {{politics == ‘其他’ ? : □}}其他 | | | | | | | | | | | | | | | 最高学历 | | | | | | | { { education }} | | | | | | | 学位 | | | | {{ degree }} | | | | | |
| 婚姻状况 | | | {{maritalStatus == ‘未婚’ ? : □}}未婚 {{maritalStatus == ‘初婚’ ? : □}}初婚 {{maritalStatus == ‘离婚’ ? : □}}离婚 {{maritalStatus == ‘群众’ ? : □}}丧偶 {{maritalStatus == ‘再婚’ ? : □}}再婚 {{maritalStatus == ‘复婚’ ? : □}}复婚 | | | | | | | | | | | | | | | | | | | 移动电话 | | | | | | {{phone}} | | | | | | | | | | | | | |
| 生育情况 | | | {{fertility == ‘未育’ ? : □}}未育 □育有1孩 □育有2孩 □育有3孩或以上 | | | | | | | | | | | | | | | | | | | | | | 邮箱 | | | | {{email}} | | | | | | | | | | | | | | | | | |
| 应聘途径 | | | {{applyFor == ‘熟人介绍’ ? : □}}熟人介绍 {{applyFor == ‘招聘会’ ? : □}}招聘会 {{applyFor == ‘招聘网站’ ? : □}}招聘网站 {{applyFor == ‘校园招聘’ ? : □}}校园招聘 □其他途径 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | QQ | | | | {{qq}} | | | | | | | | | |
| 户口地址 | | | {{ registeredAddress }} | | | | | | | | | | | | | | | | | | | | | | 户口性质 | | | | | | | | {{ householdType == ‘未婚’ ? □√ : □}}农业户口 {{ householdType == ‘未婚’ ? □√ : □}}非农业户口 | | | | | | | | | | | | | |
| 家庭住址 | | | {{ homeAddress }} | | | | | | | | | | | | | | | | | | | | | | | | | | | | 家庭电话 | | | | | | | |  | | | | | | | |
| 现详细住址 | | | {{ registeredAddress }} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮寄地址 | | | {{ registeredAddress }} | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 收件人 | | | | | |  | | |
| 期望月薪 | | |  | | | | | | | | | | 希望服务年限 | | | | | | |  | | | | | | | | | | | | | 职称 | | | | |  | | | | | | | | |
| 本人特长 | | |  | | | | | | | | | | | | | | | 本人爱好 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 紧急联系人信息： | | | | | | 姓名 | |  | | | | | 与本人关系 | | | | |  | | | | | | | 联系电话 | | | | | | | |  | | | | | | | | | | | | | |
| 有无亲友在本司工作，若有请填： | | | | | | | | | | | | | 姓名 | |  | | | | | | | | | | 关系 | | | | |  | | | | | | | | | | | | | | | | |
| 职务 | |  | | | | | | | | | | 部门 | | | | |  | | | | | | | | | | | | | | | | |
| 工作履历（请从最近履历开始填写，写至学校毕业为止） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止  时间 | 工作单位全称 | | | | | | | | | | 职务/岗位 | | | | | 单位性质  (民营、合资、  外资、国有) | | | | | | | 月薪  (元) | | | | | 离职  原因 | | | | | | | 证明人  姓名 | | | | | | | | 证明人电话 | | | |
| 年 月  ～  年 月 |  | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | |
| 年 月  ～  年 月 |  | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | |
| 年 月  ～  年 月 |  | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | |
| 年 月  ～  年 月 |  | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | |
| 年 月  ～  年 月 |  | | | | | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | |
| 特种作业证/从业资格证/职称证书名称 | | | | | | | | | | | | | 发证日期 | | | | | | | | | | 驾驶证类型 | | | | | | | | | | | | | | | | | 发证日期 | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |
| 学历教育（从最高学历开始填写） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止日期 | | | | | | | | | 学校 | | | | | | | 学历 | | | | | 专业 | | | | | | 学制  (年) | | | | | | 是否全日制 | | | | | | | 证明人/联系电话 | | | | | | |
| 年 　月 ～　 　年 月 | | | | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
| 年 　月 ～　 　年 月 | | | | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
| 年 　月 ～　 　年 月 | | | | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
| 年 　月 ～　 　年 月 | | | | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | |
| 家庭情况（请注明有关您家庭成员的信息，包括父母、配偶、子女、兄弟姐妹等） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 与本人  关系 | | | | | 出生年月 | | | 政治面貌 | | | | 工作单位（或现居住地） | | | | | | | | | | | | | | | 职务 | | | | | | | | | | | 联系电话  （固话/移动电话） | | | | | | |
|  | |  | | | | | 年 月 | | |  | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | 固话：  手机： | | | | | | |
|  | |  | | | | | 年 月 | | |  | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | 固话：  手机： | | | | | | |
|  | |  | | | | | 年 月 | | |  | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | 固话：  手机： | | | | | | |
|  | |  | | | | | 年 月 | | |  | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | 固话：  手机： | | | | | | |
|  | |  | | | | | 年 月 | | |  | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | 固话：  手机： | | | | | | |
|  | |  | | | | | 年 月 | | |  | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | 固话：  手机： | | | | | | |
|  | |  | | | | | 年 月 | | |  | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | 固话：  手机： | | | | | | |
|  | |  | | | | | 年 月 | | |  | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | | 固话：  手机： | | | | | | |
| 父母赡养情况 | | | | □父母身体健康，具有劳动能力和收入 □由我和其他兄弟姐妹共同承担赡养义务  □由我独自承担赡养义务 □其他（请注明） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人身体状况 | | | |  | | | | | 体重 | | | 公斤 | | | | 身高 | | | 厘米 | | | | | | | 视力 | | | | | | |  | | | | | | | 血型 | | | | | |  |
| 有无家族遗传病史或传染病 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 已婚具体状况： | | | | | 结婚时间 | | | |  | | | | | | 配偶学历 | | | | | | | |  | | | | | | | | | | 配偶身体状况 | | | | | | | | | | | |  | |
| 服过兵役情况： | | | | | 部队驻扎地 | | | |  | | | | | | 入伍时间 | | | | | | | |  | | | | | | | | | | 退伍时间 | | | | | | | |  | | | | | |
| 退伍时军衔 | | |  | | | | | | | | | | 服役期间是否立功受奖，如有，请注明并提供相关证明 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **应聘驾驶员岗位补充以下内容：** | | | | | | | | | 驾驶证类型 | | | | | |  | | | | | | | | 领证时间 | | | | | |  | | | | | | | 驾龄 | | | | | | |  | | | |
| 列举您熟悉的线路 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | 驾驶车种 | | | | | | |  | | | | | | | | | | |
| 如果您此次应聘不成功，是否愿意列入我司人才储备库 | | | | | | | | | | | | | | | | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | | | | | | | | |
| **重要声明：本人承诺上述所填内容及提供的资料全部属实，如有虚报或不实之处，愿按严重违反公司制度作解除劳动合同处理。**  填报人亲笔签名： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人事面试意见：  □备用，暂不推荐面试；  □推荐用人部门面试，岗位性质为：□管理类 □事务/专业类 □现场操作类 □驾驶员类  □其他意见：  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 技能测定部门意见：  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 用人部门面试意见：  □暂不试用；  □同意试用，试用岗位为 。  用人部门领导： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 人事意见：  1、建议签订劳动合同 年，其中试用期为 个月。  2、建议先安排在 岗位，今后根据需要再行调整。  综合管理部人事负责人： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 综合管理部领导意见：  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 用人部门分管领导意见：  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 综合管理部协管领导意见：  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 总经理意见：  签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

广州市环境保护技术有限公司

求职申请表

**姓 名：**

**填表日期：**

提交证件情况：

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 本人证件名称 | | | 备注 | |
| 身份证 | 本人 |  | |
| 配偶 |  | |
| 户口本首页及本人页 | 本人 | 首页注明户口性质 | |
| 配偶 |  | |
| 小孩 |  | |
| 《流动人口婚育证明》 | 本人 |  | |
| 配偶 |  | |
| 《计划生育服务证》或生育登记证明 | 本人 |  | |
| 配偶 |  | |
| 一周内的查环查孕证明 | 本人/配偶 |  | |
| 个人计划生育情况证明 | 本人 | 户籍地办理，镇级或以上计生机构出具 | |
| 结婚证 | 本人 |  | |
| 配偶 |  | |
| 独生子女父母光荣证 | | |  | |
| 毕业证 | | | 最高学历毕业证书 | |
| 学位证 | | | 学士学位及以上需提供 | |
| 毕业证学信网查验信息 | | | 大专以上学历需提供 | |
| 中国建设银行借记卡（广州开户） | | |  | |
| 体检表 | | | 司机体检需增加电测听 | |
| 广东省居住证 | | | 广州居住信息 | |
| 近期免冠彩照8张（小一寸） | | |  | |
| 解除劳动关系证明书 | | | 原单位出具 | |
| 社会保险历史缴费明细 | | | 社会保险基金中心出具 | |
| 驾驶证/特种作业证/从业资格证/职称证/退伍证等 | | | 服兵役相关证明 | |