附件2：

陆良滇中健康城经营集团有限公司报名登记表

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| 应聘岗位 |  | | | | | | | | 填表时间 | | | | | 年 月 日 | | | | | | | 照片 |
| 姓 名 |  | | | | | | 性 别 | |  | | | | | 年 龄 | |  | | | | |
| 出生日期 | 年 月 日 | | | | | | 民 族 | |  | | | | | 籍 贯 | |  | | | | |
| 身 高 | CM | | | | | | 电 话 | |  | | | | | 政治面貌 | |  | | | | |
| 身份证号码 |  | | | | | | 婚姻状况 | |  | | | | | QQ/E-mail | |  | | | | | |
| 文化程度 |  | | | | | | 毕业院校及专业 | | | | | | |  | | | | | | | |
| 外语及程度 |  | | | | | | 学制 | | | 🞎全日制 □自学考试□夜大□函授□电大 □党校 □其他 | | | | | | | | | | | |
| 技术职称 |  | | | | | | 执业资格 | | |  | | | | | | | | | | | |
| 期望薪酬 |  | | | | | | | | | | | | 是否在职 | | | □是 □否 | | | | | |
| 家庭住址 |  | | | | | | | | | | | | 户口所在地 | | |  | | | | | |
| **家庭状况及主要社会关系：** | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 关系 | 年龄 | | | 工作单位 | | | | | | | | | | | | | | 联系方式 | | |
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| **工作经历（按现在往前的时间顺序填写）（应届毕业生可不填写）：** | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | | 工作时间 | | | | | 工作职位 | | | | 最终薪金 | | 离职原因 | | | 所在部门 | | | | |
| 起 | | | 止 | | 主管领导 | | | 联系方式 | |
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| **学习经历（请从中学开始填写，包括所受过的重要培训或训练）：** | | | | | | | | | | | | | | | | | | | | | |
| 学校/学院名称 | | | | 学习时间 | | | | | | | 就读专业及所获文凭 | | | | 证明人 | | | 证明人联系  方 式 | | | |
| 起 | | | | 止 | | |
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| **其它需说明的问题：** | | | | | | | | | | | | | | | | | | | | | |
| 曾否因大病入院或患有特殊疾病？若有，请说明： | | | | | | | | | | | | | | | | | | | | | |
| 有何爱好及特长？若有，请说明： | | | | | | | | | | | | | | | | | | | | | |
| 自我评价： | | | | | | | | | | | | | | | | | | | | | |
| 是否愿意服从公司安排而从事其它工作 □是 □否  可到岗时间： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 参加过何种社会保险：  □养老保险 □失业保险 □工伤保险 □医疗保险 □生育保险 □住房公积金 | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺：上述所有信息真实、准确，如有违反，本人愿承担一切责任，并无任何经济补偿。我授权贵司对我过往的工作经历进行核查。**      **员工签字： 日期：** | | | | | | | | | | | | | | | | | | | | | |