**附件：报名表（代理制组训）**

应聘单位： 支公司 部门 组训

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| 姓 名 |  | | | 性别 | |  | | 出生年月 | | | |  | | | 照  片 | | |
| 政治面貌 |  | | | 身高 | | | |  | | | 婚否 |  | | |
| 身份证号 |  | | | 籍贯 | | | |  | | | 常住地 |  | | |
| 毕业院校 |  | | | | | | | 毕业时间 | | | |  | | |
| 所学专业 |  | | 学历 | | |  | | 学位 | |  | | 英语等级 | | |  | | |
| 成 绩 | | |  | | |
| 奖惩情况 |  | | | | | | | | | 资格证书 | |  | | | | | |
| 原单位 |  | | | | | | 职业 | | |  | | 职务 |  | | | | |
| 家庭住址 |  | | | | | | | | | 固定电话 | |  | | | | | |
| 手 机 | |  | | | | 手机归属地 |  |
| 学习经历 |  | | | | | | | | | | | | | | | | |
| 工作经历（社会实践经历） |  | | | | | | | | | | | | | | | | |
| 家庭成员 | 姓 名 | 称谓 | | | 年龄 | | | | 工作单位、职务 | | | | | | | | |
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| 公司内是否有亲属关系 | | | | |  | | | | 是否服从调剂 | | | | |  | | | |
| 是否曾受过保险监管部门处罚 | | | | |  | | | | 是否曾有犯罪记录 | | | | |  | | | |
| 是否患有慢性疾病或曾因疾病住院治疗 | | | | |  | | | | 是否曾被单位辞退 | | | | |  | | | |

本人承诺以上所填各项信息属实，如有不实，愿承担由此造成的一切责任。

本人签名：

日 期：