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| 中信医疗健康产业集团有限公司  应聘登记表 | | | | | | | | | | | | | | | | | | | | | | | | |
| **填表须知：**  首先欢迎和感谢您参加应聘！我们将通过此表了解您的情况，请认真负责填写，以便使我们能掌握真实准确的信息。所述内容需真实、准确、完整，且能够突出您的能力特长和竞争优势，避免遗漏重要信息。日期填写示例：2020年4月；户口、籍贯填写示例：北京市；如果表内项目本人没有，请写“无”。请不要修改或删除应聘报名表的标题及填表须知。 | | | | | | | | | | | | | | | | | | | | | | | | |
| **部门及相关信息** | | | | | | | | | | | | | | | | | | | | | | | | |
| **应聘部门** | | | | | |  | | | | | | | | | | | | **应聘岗位** | | |  | | | |
| **现工作单位及部门** | | | | | |  | | | | | | | | | | | | **现岗位及职务** | | |  | | | |
| **基本信息** | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | | | | | **性别** | | | | **出生年月** | | | | | | | **政治面貌** | | | **入党/团年月** | | | | **免冠**  **证件照** | |
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| **国籍** | | | | | **民族** | | | | **籍贯** | | | | | | | **户口所在地** | | | **参加工作年月** | | | |
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| **婚姻状况** | | | | | **健康状况** | | | | **身高/体重** | | | | | | | **职称** | | | **档案存放地** | | | |
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| **最高全日制**  **学历及学位** | | | | | **毕业院校及专业** | | | | | | | | | | | | | | **期望税前年薪** | | **现岗位**  **工作年限** | | | **是否接受**  **岗位调剂** |
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| **最高在职**  **学历及学位** | | | | | **毕业院校及专业** | | | | | | | | | | | | | | **去年税前年薪** | | **之前有无在**  **中信工作经历** | | | **预计到岗时间** |
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| **证件类型** | | | | | **证件号码** | | | | | **现住址及邮编** | | | | | | | | | **电子邮箱** | | **联系方式** | | | **紧急联系方式** |
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| **自我评价** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **工作经历（按时间先后顺序）** | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | **单位及部门** | | | | | | | | | | | | **汇报对象** | | | | **职务职级** | | **岗位** | | | |
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| |  | | --- | | **近两年考核结果** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **现工作单位介绍（简要填写）** | | | | | | | | | | | | | | | | | | **现岗位主要工作职责（简要填写）** | | | | | | |
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| **主要业绩(关键工作及项目经历等)** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **教育经历（从高中写起)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | **学校** | | | | | | | | | **专业** | | | | | | | **教育类别** | | | **学习形式** | |
| **高中/大专/本科等** | | | **全日制/在职/课程班等** | |
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| **主要技能证书(职业资格、职业技能，计算机、外语能力等)** | | | | | | | | | | | | | | | | | | | | | | | | |
| **种类** | | | | **证书名称** | | | | | | | | | | **证书颁发单位** | | | | | | **证书获得年月** | | | **掌握程度** | |
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| **培训经历（按时间由近及远顺序）** | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | | | | | **课程/培训名称** | | | | | | | | | | **课程/培训内容** | | | | | | |
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| **特长爱好** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **奖惩情况** | | | | | | | | | | | | | | | | | | | | | | | | |
| **主要奖励记录（奖励情况、论著/专利成果等）** | | | | | | | | | | | | | | | | | | | | | | | | |
| **时间** | | **奖励/论著/专利名称** | | | | | | | | | | **级别** | | | | | | **原因** | | | | **授予/出版单位** | | |
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| **所受处分记录** | | | | | | | | | | | | | | | | | | | | | | | | |
| **时间** | | **处分名称** | | | | | | | | | | **处分类别** | | | | | | **处分原因** | | | | **给予处分单位** | | |
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| **家庭情况（父母、配偶、子女等）** | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | **称谓** | | | | | | **出生年月** | | | | **工作单位及职务** | | | | | | | | | | | | | |
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| **其他相关信息** | | | | | | | | | | | | | | | | | | | | | | | | |
| 从何处获得此招聘信息，请选择并说明：1.中信系统网站;2.招聘网站（请说明何网站）;3.报纸广告（请说明何报纸）;4.朋友介绍;5.中信医疗员工推荐;6.其他（请说明） | | | | | | | | | | | | | | | | | | | | | | | | |
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| 是否有亲属在中信系统工作？如有，请写明姓名、亲属关系、部门及职务；如没有，请填“否” | | | | | | | | | | | | | | | | | | | | | | | | |
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| 是否曾有过不良行为记录？请详细告知。如没有，请填写“否” | | | | | | | | | | | | | | | | | | | | | | | | |
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| 是否曾遭受过重大疾病或有家族遗传病史？请详细告知。如没有，请填写“否” | | | | | | | | | | | | | | | | | | | | | | | | |
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| 是否与目前任职公司有服务期、竞业限制等约定？如有，请说明；如没有，请填写“否” | | | | | | | | | | | | | | | | | | | | | | | | |
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| **其他需要说明事项** | | | | | | | | | | | | | | | | | | | | | | | | |
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| **承诺** | | | | | | | | | | | | | | | | | | | | | | | | |
| 我谨此证实以上表格所述内容无虚假、不实、夸大之处，且未隐瞒对我应聘不利的事实或情况。如有虚报和瞒报，我愿承担相应的责任。我了解有关部门会认真考虑我的应聘申请，我不会采取任何方式干扰公正、公平的招聘面试录用程序和录用结果。 | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请人签名：** | | | | | | | | | | | | | | | | | **日期： 年 月 日** | | | | | | | |

窗体底端