## 附件3 报名登记表

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| 云南省监狱管理局中心医院公开招聘辅助工作人员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 报 名 登 记 表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | | | |  | | | | | | | | 岗位代码 | | | | | | | |  | | | | | | | | 岗位名称 | | | | | |  | | 申请日期 | | |  | | |
| **个人情况** | | | | | | 出生年月 | | | | |  | | | | 性 别 | | | | | | | |  | | | 民族 | | | | | 族 | | | | | | 血 型 | | 型 | | | 照  片 | | |
| 身 高 | | | | |  | | | | 年 龄 | | | | | | | |  | | | 健康证 | | | | |  | | | | | | 视 力 | |  | | |
| 身份证号码 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 婚姻状况：请在下面打√ | | | | | | | | | | | | | | | 政治面貌：请在下面打√ | | | | | | | | | | | | | | 户口情况：请在下面打√ | | | | | | |
| □未婚 □已婚 □离异 | | | | | | | | | | | | | | | □团员 □党员 □群众 | | | | | | | | | | | | | | □农村 □城镇 | | | | | | |
| **通讯录** | | | | | | 户口所在地 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 邮政编码 | | | |  | | | | | |
| 现住址 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 联系电话 | | | |  | | | | | |
| 电子邮箱 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | QQ号码 | | | |  | | | | | |
| **学习简历** | | | | | | 最高学历 | | | | | |  | | | | | | | | 外语种类 | | | | | | | |  | | | | | | | 毕业学校 | | | |  | | | | | |
| 电脑水平 | | | | | |  | | | | | | | | 外语水平 | | | | | | | |  | | | | | | | 专 业 | | | |  | | | | | |
| 特长喜好 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作简历** | | | | | | 起止时间 | | | | | | 终止时间 | | | | | | | | 原工作单位及联系电话 | | | | | | | | | | | | | | | 部门及职务 | | | | | | 待遇 | | 离职原因 | |
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| **家庭成员** | | | | | | 姓 名 | | | | | | 称 谓 | | | | | | | | 工作单位 | | | | | | | | | | | | | | | 担任职务 | | | | | | 政治面貌 | | 联系电话 | |
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| **其他情况** | | | | | | 您的应聘信息来源：√ （报纸□、人才市场□、亲友介绍□、户外招牌广告□、网络□、其他□） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 您期待的薪金待遇：（ ）元/月，是否要求公司解决住宿问题（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 您如果被本单位聘用，何时能上任？（ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 你同本单位的职工有亲属关系吗？他（她）的姓名： 职务： 什么关系： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | 我保证上述所填内容均属实，虚假陈述应被解雇。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 申请人签字： | | | | | | | | | |
| 健康状况 | | 身高 | | | |  | | | 体重 | | | | | |  | | | | | 视力 | | | | | | | | （）良好 （）辅助 | | | | | | | | | 听力 | | | | （）良好 （）辅助 | | | |
| 是否曾被认定为工伤或职业病或持有残疾人证明 ：填写“是”或“否” （ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否被劳动能力鉴定委员会委员会鉴定为具有伤残等级以及何级伤残：填写“是”或“否”以及伤残等级 （ ） （ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否从事过井下、高空、高温、特别繁重体力劳动已经有毒有害工种：填写“是”或“否” （ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否有传染性疾病以及何疾病：填写“是”或“否”以及何疾病：（ ） （ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 最近6个月内所接受的医学治疗与医学检查： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 前用人单位信息 | | | | 离职时间 | | | | | | |  | | | | | | | 离职原因 | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| 是与前用人单位约定了保密协议与竞业限制条款：填写“是”或“否” （ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否与前用人单位有未尽的法律事宜：填写“是”或“否” （ ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人技能 | | | | 语言 | | | | | | |  | | | | | | | | | | | | | | | | | | | | 电脑知识 | | | | | | | |  | | | | | |
| 其他 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 参加工作时间 | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | 累计工作时间 | | | | | | | | （ ） 年 （ ）月 | | | | | | | | | | |
| 是否已经休了本年度的年休假：填写“是”或“否” （ ） | | | | | | | | | | | | | | | | | | | | | | | 是否曾经或正在追究与承担过刑事责任：填写“是”或“否” （ ） | | | | | | | | | | | | | | | | | | | | | |
| 应聘信息来源 | | | | |  | | | | | | | | | | | | | | 是否在本公司工作过：填写“是”或“否” （ ） | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入职部门 | | | | |  | | | | | | | | | 入职职位 | | | | | | | | | | |  | | | | | | | | 入职时间 | | | | | | | |  | | | |
| 员  工  声  明 | | 1、员工确认，公司已如实告知工作内容、工作地点、工作条件、职业危害、安全生产状况、劳动报酬以及员工要求了解的情况。  2、员工在本表提供的个人信息、学历证明、资格证明、身份证明、工作经历等个人资料均真实，员工充分了解上述资料的真实性是双方订立劳动合同的前提条件，如有弄虚作假或隐瞒的情况，属于严重违反公司规章制度，同意公司有权解除劳动合同或对劳动合同做无效认定处理，公司因此遭受的损失，员工有对此赔偿的义务。  3、员工确认，本表所填写的通信地址为邮寄送达地址，公司向该通信地址寄送的文件或物品，如果发生收件人拒绝签收或其他无法送达的情形的，员工同意，从公司寄出之日起视为公司已经送达。  员工签名： 日期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 录用条件 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位  填写 | | | 试用期限 | | | | | | |  | | | | | | | 试用期工资 | | | | | | | | | | | | |  | | | | | 正式期工资 | | | | | |  | | | |
| 员工  确认 | | | 本人对入职登记表的上面登记的全部内容皆已知晓并保证我所提供以及填写的资料均属实。  员工签名： 日期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |