附件2：

重庆安居古城华夏文化旅游发展有限公司

应聘报名表

**应聘职位：应聘日期：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **姓名** | |  | | | | | **性别** | | | |  | | | | **出生年月** | | | | | | | **年月** | | | | | | **1寸近照** |
| **曾用名** | |  | | | | | **身高** | | | | **cm** | | | | **体重** | | | | | | | **kg** | | | | | |
| **民族** | |  | | | | | **籍贯** | | | |  | | | | **婚姻状况** | | | | | | |  | | | | | |
| **政治面貌** | |  | | | | | **入党时间** | | | |  | | | | **健康状况** | | | | | | |  | | | | | |
| **身份证号码** | |  |  | |  |  | |  |  |  |  |  | |  |  |  | | |  | |  | |  | |  |  |  |
| **学历** | |  | | | | | | | **学位** | | | | |  | | | | | | | | | **所学专业** | | | | |  |
| **毕业院校** | |  | | | | | | | | | | | | | **毕业时间** | | | | | | | |  | | | | | |
| **外语水平** | | **语种：级别：口语水平：** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **计算机水平** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他证书** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **户口类型** | | **城镇□非城镇□** | | | | | | | | | | | **户籍地址** | | | | | **（省）（市）（区）派出所** | | | | | | | | | | |
| **现住址** | | **省（市、自治区）市（区）县** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **电话（座机）** | |  | | | | | | | | | | | **手机** | | | | |  | | | | | | | | | | |
| **紧急情况联系人** | | | |  | | | | | | | | | **联系电话** | | | |  | | | | | | | | | | | |
| **教育**  **背景** | **起止年月** | | | | | | **就读学校** | | | | | | | | | | | | | | | | | **专业** | | | | |
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| **工作**  **经历** | **起止年月** | | | | | | **公司名称** | | | | | | | | | | | | | **职位** | | | | **证明人/电话** | | | | |
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| **特长：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **培训经历(所获证书)：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **自我评价（包括性格、能力等）：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **在公司的职业发展设想：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其他需要说明的情况：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

本人授权公司向本人曾任职的雇主，介绍人或咨询人查询所有记录。

本人谨申明以上提交的一切资料绝对正确，如有不实，可作为立即解除劳动合同的的理由，而公司无须作出任何赔偿。本人愿意遵守公司规章制度，如有违反公司规章制度，同意按公司规章制度接受处罚。

填表人签名：

年月日