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| ****东营市大洋劳务合作有限责任公司应聘信息登记表**** |
| ****应聘岗位：                  是否服从调剂：                 填表日期：    年  月  日**** |
| 姓  名 |  | 性  别 |  | 年  龄 |  | 民  族 |  |  |
| 出生日期 |  | 健康状况 |  | 婚否 |  | 政治面貌 |  |
| 联系电话 |  | 身份证号 |  |
| E-mail |  | 驾驶执照 | ¨有     ¨无 |
| 第一学历 |  | 毕业院校 |  | 专业 |  |
| 紧急联系人 |  | 与本人关系 |  | 联系电话 |  |
| 本市居住地址 |  | 户口所在地 |  |
| 教育/培训 | 起止时间 | 毕业院校/机构 | 专业/课程 | 学历/证书 | 教育性质 |
|  |  |  |  |  |
|  |  |  |  |  |
| 注意：自大学起，教育性质栏内注明是否全日制、自考、函授等） |
| 工作经历 | 起止时间 | 工作单位 | 工作岗位 | 证明人 | 联系方式 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| ＊主要家庭成员及社会关系 | 姓名 | 工作单位 | 关系 | 联系电话 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ＊自我评价 |  |
|   所获经济、行政或法律处罚：¨无      ¨有 |
|   所获奖励、荣誉及重要论著：¨无       ¨有 |
| 是否患有身体方面的疾病及何种疾病（工作任务安排需要注意）：¨无¨有，何种疾病 |
| 14天内是否具有出国史或新冠肺炎风险地区旅居史、发热史等：¨无¨有 |
| 是否接触过疑似或确诊病例，是否有感冒、发热、咳嗽等相关症状：¨无¨有 |
| ****本人声明：以上资料均属实，未有任何虚假陈述，未有任何重大隐瞒，如有不实，由此引起的法律和经济责任由本人承担。\*签名：         日期：    年    月    日**** |
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