临沂市华海劳务派遣有限公司

劳务派遣人员报名登记表

填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | 性别 |  | | 年龄 | |  | | 民族 | | |  | |  |
| 出生年月 | |  | | | 文化程度 | | | |  | | | | | |
| 身份证号 | |  | | | | | | | 婚否 | |  | | | |
| 籍 贯 | |  | | | 邮 编 | | | |  | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | |
| 联系电话 | |  | | | | | | | 健康状况 | | |  | | | |
| 身 高 | |  | 体 重 | |  | | | | 视 力 | | |  | | | |
| 毕业院校 | |  | | | | | | | 专 业 | | |  | | | |
| 何种特长 | |  | | | | | | | | | | | | | |
| 学  习  经  历 | 起止时间 | | | | 在何处上学 | | | | | | | 证明人 | | | |
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| 工  作  经  历 | 起止时间 | | | | 工作单位及岗位 | | | | | | | | | | |
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|  | | | |  | | | | | | | | | | |
| 家庭  成员 | | 称谓 | 姓名 | | 年龄 | | 工作单位 | | | | | | | 联系电话 | |
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| 备注 | | **请按照要求如实、详细填写，并对信息真实性、准确性负责。** | | | | | | | | | | | | | |