中检检验鉴定保险公估（深圳）有限公司总经理应聘人员报名表

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| 姓 名 | |  | | | | | 性 别 | |  | | 出生日期 | | | |  | | | | | | | | | | 照片 |
| 政治面貌 | |  | | | | | 民 族 | |  | | 婚育情况 | | | |  | | | | | | | | | |
| 入党时间 | |  | | | | | 学 历 | |  | | 身份证号码 | | | |  | | | | | | | | | |
| 出生地点 | |  | | | | | 籍 贯 | |  | | 档案所在地 | | | |  | | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | 户籍所在地 | | | |  | | | | | | | | | |
| 外语水平 | |  | | | | | | | | | | | | | | | | | 期望年薪（税前） | | | | |  | |
| 职业资格及证书号 | |  | | | | | | | | | | | | 专业技术资格及证书号 | |  | | | | | | | | | |
| 联系方式 | | 手机：　 座机： | | | | | | | | | | | | | | | | | | 电子邮箱 | | |  | | |
| 通信地址 | |  | | | | | | | | | | | | | | | | | | 邮政编码 | | |  | | |
| 紧急  联系人 | |  | | | | | | | | | | |  | | | | | | | | | | | | |
| **教　育　经　历（自 最 后 学 历 起 填 写）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止日期 | | | | | | 院校名称 | | | | | | | | 专 业 | | | | | | | 全日制/在职 | | | | 学历及学位 |
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| 奖惩情况： | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工　作　经　历（自 最 后 工 作 经 历 起 填 写）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止日期 | | | | | | 工作单位及部门名称 | | | | | | | | 职务及职称 | | | | | | 变动原因及单位电话 | | | | | |
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| 与应聘岗位相关的工作经历及取得成果情况 | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 参加过的专业培训及获得认证情况 | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 参与过的重大活动情况 | | | | | |  | | | | | | | | | | | | | | | | | | | |
| **家　庭　及　主　要　社　会　关　系** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 称谓 | 姓 名 | | | 年龄 | | | | 政治面貌 | | 现 工 作 单 位 及 部 门 | | | | | | | 职 务 | | | | | 住址及联系电话 | | | |
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| **个 人 自 评** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 原工作单位  证明人信息 | | | 姓名 | | | | | | | | | 职务 | | | | | | 联系电话 | | | | | | | |
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| 填表需知：应聘者应对填写的内容真实性负责，本公司有权向有关机构及人员核实上述材料。如有虚报，由应聘者承担一切后果。 | | | | | | | | | | | | | | | | | | | | | | | | | |