满洲里西郊机场有限责任公司应聘登记表

**应聘岗位：**

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| **自然信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | | |  | | | | | | | 性别 | | | | |  | | | | | | | 年龄 | | | | | | |  | | | | | | | | | (蓝底) | | |
| 民族 | | | | | |  | | | | | | | 政治面貌 | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 出生日期 | | | | | |  | | | | | | | 身份证号码 | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 籍贯 | | | | | |  | | | | | | | 现居住地 | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 户口所在地 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 婚否 | | | | | | | | |  | | |
| 身高㎝ | | | | | |  | | | | | | | 体重㎏ | | | | | | | | | | | |  | | | | | | | 血型 | | | | | | | | |  | | |
| 左眼视力 | | | | | |  | | | | | | | 右眼视力 | | | | | | | | | | | |  | | | | | | | 健康状况 | | | | | | | | |  | | |
| 通讯地址 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | 邮编 | | | | | | | | |  | | |
| 住宅电话 | | | | | |  | | | | | | | 移动电话 | | | | | | |  | | | | | | | | | | 电子邮箱 | | | | | | | |  | | | | | |
| **外语水平** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外语语种 | | | | | | 熟练程度 | | | | | | | | | | | | | | | | | 取得证书 | | | | | | | | | | 获证时间 | | | | | | | | | | |
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| **计算机水平** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 等级 | | | | | | 获证时间 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **爱好及特长** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **自我评价** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自我评价和工作意愿（最喜欢的工作类型、工作地点等）（200字以内） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教育经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学校名称 | | | | | | | 入学日期 | | | | | | | | 毕业日期 | | | | | | 专业 | | | | | | | | 学历 | | | | | | | 学位 | | | | 学习形式 | | | |
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| **从业经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 开始日期 | | 结束日期 | | | | | | | | | 工作单位 | | | | | | | | | | | 所任职务 | | | | | | | | | | | | | 月薪 | | | | | | | 证明人 | |
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| **培训经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 开始日期 | | 结束日期 | | | | | | | 培训项目 | | | | | | | | | | 培训内容 | | | | | | | | | | | 培训地点 | | | | | | | | | 是否取得证书 | | | | |
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| **具备那些认证资格或者职业技能** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格名称或职称名称 | | | | | | | | | | | | | | | | 评定时间 | | | | | | | | | | 颁发机构 | | | | | | | | | | | | | | | | | |
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| **主要奖惩记录** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩名称 | | | | | | | | | | 奖惩原因 | | | | | | | | | | | | | | | | | | | | | 发文号 | | | | | | | | 奖惩时间 | | | | |
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| **成就著作** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 著作名称 | | | | | 发表时间 | | | | | | | | | 发表刊物 | | | | | | | | | | | | | | 内容介绍 | | | | | | | | | | | | | | | |
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| **爱人情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | | | 出生日期 | | | | | | | | |  | | | | | | | 联系电话 | | | | | | | | | | | | |  | | | | | | |
| 所在单位性质 | | | | | | | |  | | | | | | | | | 籍贯 | | | | | | |  | | | | | | | | | | | | | 政治面貌 | | | | | |  |
| 现工作单位、职务 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **家庭和社会关系主要成员** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 与本人关系 | | | | | | | | | 单位 | | | | | | | | | | | | | | | 职位 | | | | | | | | | | | | | | | | |
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| 如有亲属在海航集团工作，请按以上要求填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 与本人关系 | | | | | | | | | 单位 | | | | | | | | | | | | | | | 职位 | | | | | | | 姓名 | | | | | | | | | |
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| **（附个人近期生活照）**                  **公司声明：**  1、传染性疾病患者及传染性病毒携带者谢绝应聘，敬请谅解；  2、请在提交本表时一并提交相关资历证书扫描件、身份证复印件作为本表附件；  3、公司为您保密以上填写内容、资料及面试事宜，相关简历表格、证件复印件恕不退还，谢谢合作！  **应聘人声明：**  本人保证本表所填资料及提供的各项应聘材料真实无误，如有伪造、欺骗或隐瞒行为，后果以及责任自行承担。          本人签名：                                             时    间： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |