**应聘信息登记表**

**JOBAPPLICATIONFORM**

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| ·感谢您应聘我公司，我们将致力于为您提供公平的就业机会。  Appreciate your interest with Bright way. We devote to offering fair employment opportunity for you  ·若本岗位不合适，您的资料将会在我公司人力资源储备库中保存一年，其间有可能会再次与您联系。  If we find you are not suitable, your application form will be kept up to a year, we will contact you again if suitable position available.  ·如果您有可证明你个人业绩或专业素质的资料，请您附在申请表后一并转给我们。  If you have the relevant information that may prove your personal achievement or professional quality, please attach it together with your application form to us  ·表格中由个人填写的内容请如实详细填写，如某项内容不存在，请在该格内用**“/”**表示。  Fill in the form with full details, if not applicable, please put**“/”** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **个 人 基 本 信 息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | 性 别 | | |  | | | 出生年月 | | | |  | | | | | | 民族 | | |  | | | | | | 照片 | | |
| 宗教  信仰 |  | | | | | 政治面貌（无党派填“群众”、有党派的填写党派名称，如“中共党员”、“民进党”） | | | | | | | | | |  | | | | | | 国籍 | | |  | | | | | |
| 籍贯 |  | | | | | 出生地 | | |  | | | | | | | 户口所在地 | | | | | |  | | | | | | | | |
| 户口  性质 | □居民  □农民 | | | | | 常住  地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号码 |  | | | | | | | | | | | | | | 婚育  状况 | | | | | | 婚 育 | | | | | | 健康状况 | |  | | | | |
| 联系  电话 |  | | | | | | | | 邮箱地址 | | | | |  | | | | | | | | | | | | 身高 | | | | |  | | |
| 初次参加工作时间 | | | | 年 月 日 | | | | | | | | 最高学历 | | | |  | | | | | | | 学习类型 🞎全日制 🞎非全日制 | | | | | | | | | | |
| 最高学历  毕业院校 | | | |  | | | | | | | | 第一专业 | | | |  | | | | | | | 第二专业 | | | | | | | | |  | |
| 毕业时间 | | | | 年 月 日 | | | | | | | | 个人特长、业余爱好 | | | | | | | | | |  | | | | | | | | | | | |
| 职业资格 | | | |  | | | | | | | | 职称 | | | | | | □初级 □中级 □高级 职称名称 | | | | | | | | | | | | | | | |
| 紧急情况  联系人 | |  | | | | | | 紧急情况  联系电话 | | |  | | | | | | | | | 紧急情况  联系地址 | | | | | |  | | | | | | | |
| 应聘渠道 | | | 网站□ 报纸□ 内部人员介绍□ 猎头□其他□ | | | | | | | | | | | | | | | | | | | | | 期望薪资 | | | | | | 万/年 | | | |
| **教 育 和 培 训 经 历（**教育从高中以上开始；培训从最近接受的开始**）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | 学校/培训机构 | | | | | | | 专业/培训内容 | | | | | | | 学历/培训结果 | | | | | | | | 学习性质  全日制/非全日制函授/自考/夜大 | | | | | |
| 年 月 — 年 月 | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |
| 年 月 — 年 月 | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |
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| 年 月 — 年 月 | | | | | |  | | | | | | |  | | | | | | |  | | | | | | | |  | | | | | |
| **工 作 经 历（**从最近一份工作开始**）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | 单位 | | | | | | 职务 | | | | | | 证明人 | | | | | | | 主要工作职责或业绩（可在附件中填） | | | | | | | | | 证明人联系电话 |
| 年 月 — 年 月 | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | |  |
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| 年 月 — 年 月 | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | | | | | |  |
| **主 要 项 目 经 历（**从最近一个项目开始**）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目名称 | | | | | 本项目工作  时间 | | | | | | 项目中担任的职务（职务有变化的列名各职务的任职时间） | | | | | | | | | | | | | **各职位/岗位的主要工作内容** | | | | | | | | | |
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| **家 庭 主 要 成 员** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 称谓 | | | | 姓名 | | | | | | 工作单位/家庭地址 | | | | | | | | | 职务 | | | | | | | | | | | | | 联系电话 | |
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| 1. 论文及著作发表（论文名称、发表时间、刊物名称、期号）； 2. 重大工作业绩； 3. 重要获奖情况。 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **自我评价**  **或另外值得特殊说明的内容** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **身份证复印件正反面** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

**提供证件**(Please tick”√”the certificates you have provided)

□身份证(Identification card ) □毕业证(Graduated certificate) □学位证(Degree Certificate)

□特殊工种上岗证(Professional certificates) □ 驾驶证(Driving license)□其他证件(Other relevant certificates)

□其他(Other)

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| 是否曾受过何种奖励或处罚  Have you ever been dismissed, askedto resign, or subject to disciplinary action of any kind while in the service of any other organization | □是(Yes)  □否(No) | 因何原因 (Reason): |
| 是否有亲属在本公司任职  Do you have relatives working in this organization | □有，在部门,任职  (Yes, in Department, Position):  □无  (No) | |

**声 明 ：**

**Declaration**

本人谨此保证上述所有填报材料真实无误，所填写的联系方式、邮箱和地址为约定的文件送达地，如蒙录用，自愿接受贵司对以上资料的核查及按照公司要求到指定医院进行身体检查，如有资料不实或身体检查不合格，本人愿意无条件与贵司解除劳动关系。

I declare that the particulars given by me in this application for employment and the attached sheets are true to the best of my knowledge and belief, and I have not willfully suppressed any material fact.I acceptthe above information verification and will participate in physical examination in the nominated hospital. I accept that if any of the information given by me in this application is any way false or incorrect, I shall be disqualified from employment or dismissed from service.

**亲 笔 签 名：**

Signature of applicant

填表时间： 年 月 日