报名登记表

登记日期： 年 月 日 登记表编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| \*身份证号 |  | | | | | | \*姓名 | |  | | | \*性别 | | |  | | 照片 | |
| \*出生日期 |  | | \*民族 | | |  | | | \*文化程度 | | |  | | | | |
| \*婚姻状况 |  | | \*政治面貌 | | |  | | | 人员类别 | | |  | | | | |
| \*健康状况 |  | | \*视力 | | | 左 | | 右 | \*身高 | | |  | | | | |
| \*户口所在地 | 省 市县 区（县） 街（乡镇） | | | | | | | | \*户口状况 | | | 1.城市 2.农业 | | | | |
| \*现在详细住址 | |  | | | | | | | | | | \*联系电话 | | | | |  | |
| \*毕业证书编号 | |  | | | | | | | | 有无参加社保 | | | |  | | | | |
| 职称状况 |  | | | 职业资格证书 | | | | |  | | | | \*退伍军人 | | | | | 是 否 |
| \*毕业院校 |  | | | | | | \*所学专业 | | | | | |  | | | | | |
| 家庭情况 | 姓名 | | | | 单位 | | | | | | 职务 | | | | | 电话 | | |
| \*父亲姓名/单位/电话 |  | | | |  | | | | | |  | | | | |  | | |
| \*母亲姓名/单位/电话 |  | | | |  | | | | | |  | | | | |  | | |
| 配偶姓名/单位/电话 |  | | | |  | | | | | |  | | | | |  | | |
| \*工作简历 |  | | | | | | | | | | | | | | | | | |
| \*学 习  培 训  简 历 |  | | | | | | | | | | | | | | | | | |
| \*首次参保时间及参保单位 |  | | | | | | | | | | | | | | | | | |
| 备 注 |  | | | | | | | | | | | | | | | | | |