**湖南高新创投健康养老基金管理有限公司**

**公开招聘报名表**

应聘岗位:

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | | |  | | 性别 |  | | 出生日期 | |  | | | 相片 | |
| 籍贯 | | |  | | 民族 |  | | 最高学历 | |  | | |
| 身高 | | |  | | 体重 |  | | 政治面貌 | |  | | |
| 婚姻状况 | | |  | | 健康状况 |  | | 外语水平 | |  | | |
| 身份证号码 | | |  | | | E-mail | |  | | | | |
| 家庭住址 | | |  | | | | | 联系电话 | | |  | | | |
| 毕业院校 | | |  | | | | | 专业 | | |  | | | |
| 专业技能或其它证书 | | | |  | | | | | | | | | | |
| 教育经历(从高中毕业后填写) | 起止年月 | | | 学校 | | | 专业 | | 学历 | | | 学位 | | 教育形式  (全日制/在职) |
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| 工作经历  (社会实践) | 起止年月 | | | 单位 | | | 部门 | | 岗位 | | | | | 证明人 |
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| 奖惩  情况 | |  | | | | | | | | | | | | |
| 特长 | |  | | | | | | | | | | | | |
| 自我  评价 | |  | | | | | | | | | | | | |
| 应聘者承诺  本人承诺所填写的信息真实有效，符合应聘岗位所需的资格条件。如有弄虚作假，承诺自动放弃考试和聘用资格。    应聘人签名:  年 月 日 | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | |

湖南高新创投健康养老基金管理有限公司印制