**聊城市旅游发展集团股份有限公司**

**员工入职申请表**

**填表人：**

**入职岗位：**

**填表时间：** 年 月 日

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| 姓 名 | |  | | | 性 别 | | | |  | 出生年月  （岁） | | | | |  | | | 近期  免冠  照片 | | | | |
| 民 族 | |  | | | 籍 贯 | | | |  | 户籍地 | | | | |  | | |
| 婚姻状况 | |  | | | 政治面貌 | | | |  | 入党时间 | | | | |  | | |
| 专业技术  职称 | |  | | | 职业资格  等级 | | | |  | 执业资格 | | | | |  | | |
| 学 历  学 位 | | 全日制  学历 | | |  | | | | 毕业院校及专业 |  | | | | | | | | | | | | |
| 在职学历 | | |  | | | | 毕业院校及专业 |  | | | | | | | | | | | | |
| 身份证号 | |  | | | | | | | 健康状况 |  | | | | | 人事档案  管理机构 | | |  | | | | |
| 现住址 | |  | | | | | | | | | | | | | 联系电话 | | |  | | | | |
| 初次参加  工作时间 | | | |  | | | | 目前工作单位及职位 | |  | | | | | | | | | | | | |
| **教育经历（从高中填至最高学历）** | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | 所在院校及所学专业 | | | | | | | | | | | | 证书编号 | | | | | 见证人 | |
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| **工作经历（按先后顺序填写）** | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | 工作单位及所在部门 | | | | | | | | 职位 | | | | | 单位性质 | | | | | 月薪 |
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| **获得证书（技术资格、职业资格、执业资格等）** | | | | | | | | | | | | | | | | | | | | | | |
| 证书名称 | | | | 颁发机构/颁发文件 | | | | | | | | | | 获得时间 | | | | | 证书编号 | | | |
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| **培训经历（最近5年）** | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | 培训机构 | | | | | | | | | | 培训性质 | | | | | 证书编号 | | | |
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| **奖励情况（最近5年）** | | | | | | | | | | | | | | | | | | | | | | |
| 获奖时间 | | | | 奖励名称/等次 | | | | | | | | | | 授奖机构 | | | | | | | | |
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| **家庭成员** | | | | | | | | | | | | | | | | | | | | | | |
| 称谓 | 姓名 | | 性别 | | | 出生  年月 | 政治  面貌 | | | | 工作单位/职位 | | | | | | | | | 联系电话 | | |
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| **其他资料** | | | | | | | | | | | | | | | | | | | | | | |
| 外语水平 | | |  | | | | | | | | | | | | | | | | | | | |
| 计算机应用能力 | | |  | | | | | | | | | | | | | | | | | | | |
| 其他特长 | | |  | | | | | | | | | | | | | | | | | | | |
| 需要说明的其他事项 | | | 若有可帮助评价个人能力的其它资料，请将复印件附后。 | | | | | | | | | | | | | | | | | | | |
| **个人要求或建议** | | | | | | | | | | | | | | | | | | | | | | |
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| **填表承诺：**  本表系本人亲笔填写。本人保证以上信息均真实有效；若有虚假之处，将作为解除劳动关系的依据。入职后，本人自愿遵守集团各项规章制度、认同企业文化。    **本人签字：**  **联系电话： 电子邮箱： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | |
| **公司聘用意见（盖章）：**  经审核，同意录用 同志到 （岗位）就职。  试用期为 个月（自 月 日至 月 日），执行试用期工资标准。  党群人事部：（盖章） 公司领导签字/盖章： | | | | | | | | | | | | | | | | | | | | | | |