**福建亚通新材料科技股份有限公司职位申请表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 应聘职位 | | | |  | | | | | | | | 所期望月薪 | | | | | |  | | | | | 可到职日期 | | | | | |  | | | | | | 照  片 | | | |
| 姓名 | | |  | | | | | | | 性别 | | | |  | | 政治面貌 | | | | | |  | | | | | 民族 | |  | | | | | |
| 籍贯 | | |  | | | 身高 | | | | cm | | | | 出生年月 | |  | | | | 血型 | | |  | | | | 婚姻状况 | |  | | | | | |
| 健康状况**：1、是否有慢性疾病： ；2、是否有过工伤认定： ；** **3、是否有过伤残鉴定： ；4、是否有过重大疾病： ；** **5、是否从事过水湿、高温、粉尘、高空、有毒有害工种： 。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号码 | | | | |  | | | | | | | | | | | | 联系电话 | | | | | | | |  | | | | | 家庭电话 | | | | | | |  | |
| 户口所在地 | | | | |  | | | | | | | | | | | | 现居住地 | | | | | | | |  | | | | | | | | | | | | | |
| 邮箱地址/QQ | | | | |  | | | | | | | | | | | | 有无犯罪记录 | | | | | | | |  | | | | | | | | | | | | | |
| **文书邮寄地址：**  **如果提供的地址不确切，或不及时书面告知变更后的地址，使公司相关文书无法送达或未及时送达，员工将自行承担由此可能产生的法律后果。 确认签字：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 最高学历 | | | | | | |  | | | | | | | 专业 | |  | | | | | | 应聘来源 | | | | | |  | | | | | | | | | | |
| 紧急联系人姓名 | | | | | | |  | | | | | | | 电话 | |  | | | | | | 联系地址 | | | | | |  | | | | | | | | | | |
| 入公司前身份 | | | | | | | □劳动合同制 □劳务聘用 □失业 □下岗 □退休 □待退休 □其它 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教育培训 | | 时间 | | | | | 毕业学院或培训公司 | | | | | | | | | | | | | 所学专业或培训内容 | | | | | | | | | | | 学位或证书 | | | | | | | |
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| 工 作 经 历 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工 作 时 间** | | | | | | | | | | | **工 作 单 位 及 部 门 名 称** | | | | | | | | | | | | | **工作单位联系电话** | | | | | | **担任职务及职称** | | | | | | | | **月收入** |
| **年 月至 年 月** | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  |
| **年 月至 年 月** | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  |
| **年 月至 年 月** | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  |
| **年 月至 年 月** | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  |
| 是否与原就业单位解除劳动关系： | | | | | | | | | | | | | | | | | | | | | | 是否有竞业限制协议： | | | | | | | | | | | | | | | | |
| 家  庭  情况 | 称 呼 | | | | | | | | 姓 名 | | | | | 工 作 单 位 及 职 务 | | | | | | | | | | | | | | | | | | 联系电话 | | | | | | |
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| 是否有亲戚或介绍人在本公司任职，若有其姓名 ，与本人关系 。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 只供聘请公司填写  **本人充分了解学历证明、资格证书、工作经历、身体健康（无病史）等资料真实为公司的聘用前提，如有虚假，公司可立即解除劳动关系并不予经济补偿，如因虚报内容对公司造成经济等损失者，公司保留追究其经济赔偿的权利。**  **填表人签字： 填表日期：** | | 入职日期 | | | | |  | | | | | | 薪资情况 | | | | | | 试用薪资（等级） | | | | | | | |  | | | | | | 享受级别 | | |  | | |
| 人力资源部推荐意见 | | | | | |  | | | | | | | 集团人力资源部审核意见 | | | | | |  | | | | | 用人  部门 | | | | | | | | ­ | | | | |
| 分管  领导 | | | | | |  | | | | | | | | | | | | | | | | | | 集团CEO 批准 | | | | | | | |  | | | | |

**填表人签字： 填表日期： 年 月 日**