附件2

中新建物流集团有限责任公司应聘申请表

应聘岗位：

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| 姓名 |  | | | 性别 | | | |  | 民族 | |  | | | 籍贯 | |  | | （照片） | |
| 出生日期 | |  | | | | | | 工作时间 | | |  | | | | | | |
| 政治面貌 | |  | | | | | | 入党时间 | | |  | | | | | | |
| 专业技术职称 | |  | | | | | | 户籍属地 | | |  | | | | | | |
| 现单位及进入时间 | |  | | | | | | 现岗位及聘任时间 | | |  | | | | | | |
| 身份证号 | | | | | |  | | | | | | | | | | | |
| 人事档案所在单位或地址 | | | | | |  | | | | | | | | | | | | | |
| 联系  方式 | 手机 | | | | |  | | | | | | | 电子邮箱 | | | | |  | |
| 本人通信地址 | | | | | | |  | | | | | | | | | | | |
| **主要社会关系（配偶、子女、父母）** | | | | | | | | | | | | | | | | | | | |
| 关系 | 姓名 | | | | 年龄 | | | 学历 | | 职称 | | | | | 工作单位及职务 | | | | |
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| **教育及培训情况（从大学开始填写，含第一学历、后修学历）** | | | | | | | | | | | | | | | | | | | |
| 起止日期 | | | 毕业院校（单位） | | | | | | | | | 所学专业 | | | | | 学历/学位 | | |
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| **其 他 技 能** | | | | | | | | | | | | | | | | | | | |
| 所获专（执）业资格证书  其它： | | | | | | | | | | | | | | | | | | | |
| **应聘岗位** |  | | | | | | | | | | | | | | | | | | |
| **工作履历** | 起止日期 | | | | | | 工作单位（或重点项目） | | | | | | | | | | | | 岗位 |
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| 履历完整，时间需连续。 | | | | | | | | | | | | | | | | | | |
| **个 人 声 明** | | | | | | | | | | | | | | | | | | | |
| 1.本人所提供的相关材料符合招聘公告中所列出的基本条件、任职资格，不存在招聘公告中列出的不得应聘相关情形：  2.是否有过重大疾病或传染病史。有（　）何时 　 病种 　 是否痊愈  无（　）  本人现谨声明，此表所涉及的全部资料属实，并清楚如任何一项情况失实，中新建物流集团有限责任公司有权解除本人可能受聘之职务或采取其他处理方式，本人承担一切责任。    签 名： 年 月 日 | | | | | | | | | | | | | | | | | | | |
| **自我评价：**  （备注：在本栏中，请将自己的优势、受到的表彰、取得的成绩和证书，以及处分等情况进行较为全面、客观的描述。页面不够，可另加附页）〈填写时请删除此备注〉 | | | | | | | | | | | | | | | | | | | |
| **资格审查意见：**  签字（盖章）：  年 月 日 | | | | | | | | | | | | | | | | | | | |

“个人声明”部分内容需个人亲笔填写，资格审查意见无需个人填写。报名表文档以“竞聘岗位+姓名”命名，再发邮箱。