湖南医药职业中等专业学校员工应聘登记审批表

以下申请表将是我们进行初步筛选的主要依据，其中资料我们将严格保密但恕不退还，敬请谅解。为了确保我们充分准备了解您，请仔细检查所填表格没有遗漏和失误。

姓 名： 拟申请职位： 填表日期： 年 月 日

了解招聘信息的途径：□校园招聘 □网络 □朋友推荐 □广告 其它

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| 姓 名 | | | |  | | | 性别 | | | |  | | | 年龄 | | |  | | 出生日期 | | | | |  | | | 政治面貌 | | | |  |
| 籍 贯 | | | |  | | | 身高 | | | |  | | | | | | 体重 | |  | | | | | | 婚姻状况 | | | |  | | |
| 现有职称 | | | |  | | | | 学历档案情况 | | | | | | | |  | | | | | | | | 党员档案情况 | | | | |  | | |
| 教师资格证 | | | | **类别：**小学（ ）初中（ ）高中（ ）中职（ ）大学（ ） | | | | | | | | | | | | | | | | | | | | 专业 | | |  | | | | |
| 身体情况  （女性填写） | | | | 孕育状况：□孕期  □哺乳期 | | | | | | | | 身份证号 | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | |
| 健康状况 | | | | 1、是否有传染病 □是 □否 2、是否曾认定工伤或持残疾人证明 □是 □否  3、最近6个月内，是否接受过检查或治疗 □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户口所在地址 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地址 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人联系电话 | | | |  | | | | | | 家庭电话 | | | | |  | | | | | | 邮箱 | | | | |  | | | | | |
| 紧急联系人 | | | |  | | | | | | 本人关系 | | | | |  | | | | | | 联系电话 | | | | |  | | | | | |
| 工作状况 | | | | □仍在工作 □已经离职 □其它 | | | | | | | | | | | | | 计算机水平 | | | | | | □熟练 □一般 □较差 | | | | | | | | |
| 个人特长 | | | |  | | | | | | | | | | | 自我评价 | | | | | |  | | | | | | | | | | |
| 兴趣爱好 | | | |  | | | | | | | | | | |
| **期望薪酬（税前）** | | | | | |  | | | | | | | | | **其它要求** | | | | |  | | | | | **可到岗时间** | | | | |  | |
| **工**  **作**  **经**  **历** | 起止时间 | | | | 单位名称 | | | | 部门/职位 | | | | | | | 离职时薪金 | | | | | | 离职原因 | | | | | | 证明人/联系方式 | | | |
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| **教育经历** | 学历层次 | | | | 起止时间 | | | | 学校名称 | | | | | | | | | 专业及学位 | | | | 学习性质 | | | | | | | | | |
|  | | | |  | | | |  | | | | | | | | |  | | | | □统招 □业余 □自考 □函授 □其它 | | | | | | | | | |
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| **培训经历** | 培训时间 | | | | 培训机构 | | | | 培训内容 | | | | | | | | | | | | | 获得证书 | | | | | | | | | |
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| **家庭成员** | 姓名 | | | | 关系 | | | | 年龄 | | | | 工作单位 | | | | | | | | | 职位 | | | | 联系电话 | | | | | |
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| 是否有亲戚朋友在本校工作？□无□有 姓名： ；部门： ；职位： ；关系： ； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （执）职资格证书情况 | | | | | | | | （1） | | | | | | | | | | | | | | （2） | | | | | | | | | |
| **其他** | | 1、如申请职位未被录用，是否考虑其他职位？ □是 □否 2、是否接受跨校区工作？ □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3、是否因行为或工作不佳而被解雇？ □是 □否 4、过往是否有犯案记录？ □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **特别强调** | | | 员工入职1个月内必须将个人档案转入我校所指定人才交流中心，是中共党员的还必须在1个月内将组织关系转入我校党支部。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **声明** | | 本人提供的个人信息、学历证明、资格证明、身份证明、工作经历等个人资料均属实。本人充分了解，上述资料的真实性，是双方订立劳动合同的前提条件，如因提供虚假信息，致使学校错误录用的，其损失由申请人承担，学校因此遭受损失，本人具有赔偿义务，同时已知晓上述特别强调内容。  声明人签名： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**以下由学校填写，应聘者不用填写**

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| **面试评价** | | | | | | | | |
| 初  试 | 综合评价： | | | | | ☑建议复试 □淘汰  签名： 日期： | | |
| 复  试 | 综合评价： | | | | | □建议复试 □淘汰  签名： 日期： | | |
| 终  试 | 综合评价： | | | | | □建议录用 □淘汰  签名： 日期： | | |
| **录用审批** | | | | | | | | |
| 录  用  情  况 | 入职部门 | |  | 入职岗位 |  | | 到岗时间 |  |
| 试用期薪酬福利 | |  | | | | 试用期限 |  |
| 转正薪酬福利 | |  | | | | 合同期限 |  |
| 入职部门  审核 | | 签名： 日期： | | | | | | |
| 人力资源部复核 | | 签名： 日期： | | | | | | |
| 分管人资  领导意见 | | 签名： 日期： | | | | | | |
| 入职部门分管领导意见 | | 签名： 日期： | | | | | | |
| 校长意见 | | 签名： 日期： | | | | | | |