**ATCWG牵头人办公室行政助理**

**应聘申请表**

编 号：

**一、基本信息**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | 性 别 | |  | | 民 族 | |  | | 照 片 |
| 出生年月 |  | 年 龄 | |  | | 政治面貌 | |  | |
| 健康情况 |  | 婚姻状况 | |  | |  | |  | |
| 现住址 |  | | | | | | | | |
| 身份证号 |  | | | | | | | | |
| 手机 |  | | 固定电话 | |  | | 电子邮箱 | |  | |

**二、教育背景（从高中或中专学历填起）：**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 起止时间 | 学校及院系 | 专业 | 学历 | 学位 | 证书编号 |
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**三、持有证书情况 （空格不够可加行）**

|  |  |  |
| --- | --- | --- |
| 持有证书类别 | 资格等级 | 证书编号 |
|  |  |  |
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**四、用工状况**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 是否首次就业 | |  | 原单位 |  | | | | | | | | | 离职时间 |  |
| 是否已参加社会保险 | | |  | | | | 何时起参加社会保险 | | | | | | |  |
| 存档单位 |  | | | | 邮政编码 |  | |  |  |  |  |  | 联系电话 |  |
| 存档地址 |  | | | | | | | | | | | | 联系电话 |  |
| 党团关系隶属何单位 |  | | | | | | | | | | | | | |

**五、工作经历：（空格不够可加行）**

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| --- | --- | --- | --- | --- |
| 起止时间 | 工作单位 | 职位 | 证明人 | 联系方式 |
|  |  |  |  |  |
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|  |  |  |  |  |

**六、其他情况**

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| --- | --- |
| 奖惩情况 |  |
| 有无重大伤病记录、传染病或遗传病、慢性病史 |  |
| 特长或爱好 |  |
| 其它说明\* |  |

\* 选填