济南国际医学科学中心公开遴选国有企业领导人员报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 基本信息 | | | | | | | | | | | | | | | |
| 姓 名 |  | | | 性 别 | |  | | | 出生年月  ( 岁) | |  | | | 照片 | |
| 民 族 |  | | | 政治面貌 | |  | | | 籍 贯 | |  | | |
| 户口所在地 |  | | | 婚育状况 | |  | | | 健康状况 | |  | | |
| 专业资格证书 |  | | | | | 联系方式 | | |  | | | | |
| 应聘部门及职务 |  | | | | | | | | | | | | | | |
| 教育背景（按时间顺序排列） | | | | | | | | | | | | | | | |
| 起止年月 | | 学校 | | | | | 专业 | | | | | 学历学位 | | | 学习形式（全日制/在职） |
|  | | | | | | | | | | | | | | | |
| 工作经历（按时间顺序排列） | | | | | | | | | | | | | | | |
| 起止时间 | | 工作单位 | | | | | 部门 | | | | | 职务 | | | 离职原因 |
|  | | | | | | | | | | | | | | | |
| 培训经历（与应聘职位相关的培训） | | | | | | | | | | | | | | | |
| 起止时间 | | 培训机构 | | | | | | 培训内容 | | | | | 证书名称 | | |
|  | | | | | | | | | | | | | | | |
| 家庭情况（直系亲属） | | | | | | | | | | | | | | | |
| 配偶情况 | | | | | | | | | | | | | | | |
| 姓名 | |  | | | 出生年月 | | |  | | 子女情况 | | | 🞏有 🞏无 | | |
| 户籍所在地 | |  | | | 文化程度 | | |  | | 联系电话 | | |  | | |
| 在何单位任何职务 | |  | | | | | | | | | | | | | |
| 直系亲属 | | | | | | | | | | | | | | | |
| 关系 | | 姓名 | | | 年龄 | | | 工作单位 | | 职务 | | | 联系方式 | | |
|  | | | | | | | | | | | | | | | |
| 当前薪酬 | | | | | | | | | | | | | | | |
| 项目 | | | | | 税前数（单位：元） | | | | | | | | | | |
| 工资 | | | | |  | | | | | | | | | | |
| 奖金 | | | | |  | | | | | | | | | | |
| 其他补贴福利 | | | | |  | | | | | | | | | | |
| 累积年收入 | | | | |  | | | | | | | | | | |
| 目标薪酬 | | | | | | | | | | | | | | | |
| 待遇（税前，年薪要求） | | | | |  | | | | | | | | | | |
| 个人情况说明 | | | | | | | | | | | | | | | |
| 自我评价或其他补充说明情况 | | |  | | | | | | | | | | | | |