附件

山东种业智科农业科技服务有限公司招聘申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **应聘职位** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | （照片） | | | |
| 姓 名 | |  | | 性 别 | | | | | | |  | | | | | 民 族 | | | | | | | |  | | | | | | | |
| 出生年月 | |  | | 籍 贯 | | | | | | |  | | | | | 户口所在地 | | | | | | | |  | | | | | | | |
| 参加工作时间 | |  | | 政治面貌 | | | | | | |  | | | | | 职称/职业资格 | | | | | | | |  | | | | | | | |
| 外语  语种及水平 | |  | | 健康状况 | | | | | | |  | | | | | 婚姻状况 | | | | | | | | |  | | | | | | | | | | | |
| 全日制学历 | |  | | 学校及专业 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 手机及固定  电话号码 | |  | | | | | | | | | | | | | | 电子邮箱 | | | | | | | |  | | | | | | | | | | | |
| 通信地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号码 | | | | | |  |  | |  |  | |  | |  |  | |  | |  |  |  | | | | |  |  | |  | |  | |  |  |  |
| 紧急情况下联系人及电话 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 高中（含）以上教育  经历 | 起止时间 | | 毕业院校 | | | | | | | | | | 所学专业 | | | | | 学制及学习形式 | | | | | | | | | | | | 学历学位  及证书号 | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训经历 | 起止时间 | | | | 培训内容 | | | | | | | | | | | | | | | | | 获得证书或资质 | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 近年主要工作业绩及  考核情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 自我评价 | 优点：  缺点： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 期望月收入 | |  | | | | | | | | | | | | | | | | | | | | | 可到岗时间 | | | | | | | | |  | | | |
| 技术特长 | | 用于所申请职位的技能有： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格证书 | | □无 □有1、 2、 3、 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 其他技能 | | 计算机水平 | | | | | | 驾驶 | | | | | | | | | 法律 | | | | | | | | | | | 其他 | | | | | | | |
|  | | | | | |  | | | | | | | | |  | | | | | | | | | | |  | | | | | | | |
| 2、原直属上级联系方式： 人资部门联系方式： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人需要说明的其他情况： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：以上所写内容均属实，如上所述所填写内容有不属实之处，均可作为招聘方无偿解除劳动关系的理由。  签字： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |