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| **中国医药健康产业股份有限公司应聘申请表** | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位： | | | | | | | | | | | | | | | | | | | | | |
| **一、个人基本信息** | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | | 民族 | |  | | | | | | | | | | （照片） | | |
| 性别 |  | | | | | | 籍贯 | |  | | | | | | | | | |
| 出生地 |  | | | | | | 出生年月  （年龄） | | （岁） | | | | | | | | | |
| 户口所在地 |  | | | | | | 政治面貌 | |  | | | | | | | | | |
| 身份证号 |  | | | | | | 入党时间 | |  | | | | | | | | | |
| 健康状况 |  | | | | | | 婚姻状况 | |  | | | | | | | | | |
| 熟悉专业有何专长 |  | | | | | | 专业技术  职务 | |  | | | | | | | | | | | | |
| 参加工作时间 |  | | | | | | 职业资格 | |  | | | | | | | | | | | | |
| 邮箱 |  | | | | | | 手机号 | |  | | | | | | | | | | | | |
| 现工作单位及职务 |  | | | | | | | | | | | | | | | | | | | | |
| **二、教育背景（按照学历从高到低填写高中及以上受教育情况）** | | | | | | | | | | | | | | | | | | | | | |
| 教育形式 | 入学时间 | | 毕业时间 | | 毕业院校 | | | | | 所学专业 | | | | | | 学历 | | | | 学位 | |
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| 注：教育形式包括统招全日制、在职、自考、网络教育、成人高考、开放大学、其他 | | | | | | | | | | | | | | | | | | | | | |
| **三、工作经历（从最近一段工作经历开始填写，填写全部工作经历）** | | | | | | | | | | | | | | | | | | | | | |
| 起始日期 | 离职日期 | | 工作单位全称 | | | | | 所在  部门 | | | 企业  性质 | | | 工作职务名称 | | | 工作职级  （如有） | | | | 下属  人数 |
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| **四、重要培训经历（参加培训时长一周及以上）** | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | 培训机构 | | 培训内容 | | | | | | | | 培训地点 | | | | | | 所获培训证书 | | | |
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| **五、家庭主要成员** | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | 成员关系 | | 年龄 | | 政治面貌 | | | | | | | 工作单位及职务 | | | | | | | | |
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| **六、工作成就及奖惩情况** | | | | | | | | | | | | | | | | | | | | | |
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| **七、其他事项** | | | | | | | | | | | | | | | | | | | | | |
| 1、是否有违法、违规违纪、党内处分或其他不良行为？ | | | | | | | | | | | | | | | 是 □ 否 □ | | | | | | |
| 2、是否曾被其他单位惩诫、开除、辞退？ | | | | | | | | | | | | | | | 是 □ 否 □ | | | | | | |
| 3、有无严重疾病史、精神病史、吸毒酗酒史？ | | | | | | | | | | | | | | | 是 □ 否 □ | | | | | | |
| 上述事项如选“是”，请详细说明： | | | | | | | | | | | | | | | | | | | | | |
| 4、目前薪资（年薪）： 期望薪金（年薪）： | | | | | | | | | | | | | | | | | | | | | |
| **八、个人承诺** | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺申请岗位所填写的信息全部真实可信 | | | | | | | | | | | | | | 本人签名：  年 月 日 | | | | | | | |