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| 附件：  **广元市贵商村镇银行应聘申请表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人情况 | 姓名 |  | | 出生年月 |  | | | | | | 学历 |  | | | | | 学位 | | |  | | | | | （近期照片） | | | | |
| 性别 |  | | 毕业院校 | 全日制 | | |  | | | | | | | 专业 | |  | | | | | | | |
| 非全日制 | | |  | | | | | | |  | | | | | | | |
| 毕业时间 |  | | 参加工作时间 | | | |  | | | | 政治面貌 | | |  | | | | | | | | | |
| 出生地 |  | | 籍贯 |  | | | | | 民族 | |  | 入党(团)时间 | | | | | | | | |  | | |
| 户籍所在地 |  | | | 身份证号码 | | | | | |  | | | | | | | | | | | | | |
| 家庭地址 |  | | | | | | | | | 邮编 |  | | | | | | 电话 | | |  | | | |
| 联系地址 |  | | | | | | | | | 邮编 |  | | | | | | 电话 | | |  | | | |
| **婚姻状况** | **□未婚 □已婚 □再婚** | | | | | | | | | | **配偶姓名及单位** | | | | | | |  | | | | | | | | | | |
| E-MAIL |  | | | | 手机 | | |  | | | | | | 健康状况(曾患疾病) | | | | | | | | | |  | | | | |
| 工作经历 | 起止年月 | | | 工作单位 | | | | | | | | 所在部门 | | | | | | | | 职位 | | | | | | | | | |
| —至今 | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | | |
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| 教育情况 | 阶段 | | 起止年月 | | 毕业学校 | | | | | | | | | | | 专业 | | | | | | | | | 学位 | | | | 学习形式 |
| 高中(中专) | | — | |  | | | | | | | | | | |  | | | | | | | | |  | | | |  |
| 大专 | | — | |  | | | | | | | | | | |  | | | | | | | | |  | | | |  |
| 大学 | | — | |  | | | | | | | | | | |  | | | | | | | | |  | | | |  |
| 硕士研究生 | | — | |  | | | | | | | | | | |  | | | | | | | | |  | | | |  |
| 博士研究生 | | — | |  | | | | | | | | | | |  | | | | | | | | |  | | | |  |
| 外语水平 | 外语语种 | |  | | 外语证书和考试情况 | | | | | | |  | | | | | | | | | | | | | | | | | |
| 运用能力（出色、较好、一般或较差） | | | | | | | | 听力 | |  | | 口语 | | | | |  | | 写作 | | |  | | | | 阅读 | |  |
| 计算机 |  | | | | | | | | | | 专业 技术 资格 | 资格名称 | |  | | | | | | | | | | | | | | |  |
| 其他能力 |  | | | | | | | | | | 取得时间 | |  | | | | | | | | | | | | | | | |
| 获奖情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 处罚 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭情况及　主要社会关系 | 关系 | 姓名 | | 出生年月 | | (原)工作单位 | | | | | | | 职务/退休 | | | | 政治情况 | | | | | | | 教育程度 | | | | 联系方式 | |
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| 是否有亲属 在本行工作 | |  | | 如有，请说明与本人关系及其所在行和任职情况 | | |  | | | | | | | | | | | | | | | | | | | | | |  |
| 应聘岗位 | | |  | | | | | | | | | | | | | | | 是否同意调剂 | | | | | | | |  | | |  |
| **本人保证以上所填内容真实、有效，如有虚假愿承担一切责任。 本人签章：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |