**员工资料表**

申请职位： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| \*姓 名 | |  | | | | | | | \*性别 | | |  | | | | | | \*出生年月 | | | | |  | | | | | | | | 一寸照片 | |
| \*身 高 | | cm | | | | | | | \*民族 | | |  | | | | | | \*婚姻状况 | | | | |  | | | | | | | |
| \*部 门 | |  | | | | | | | \*岗位 | | |  | | | | | | \*最高学历 | | | | |  | | | | | | | |
| \*身份证号码 | |  |  | |  |  | |  | |  |  | | |  |  |  |  | |  |  | |  | | |  |  |  | | |  | |  | | |
| 毕业学校 | |  | | | | | | | | | | | | | | | | 专 业 | | | | |  | | | | | | | | 毕业时间： | |
| 现住地址 | |  | | | | | | | | | | | | | | | | 住址电话 | | | | |  | | | | | | | | | |
| \*户籍地址 | |  | | | | | | | | | | | | | | | | \*户籍电话 | | | | | （区号 ）— | | | | | | | | | |
| 文书送达地址： | |  | | | | | | | | | | | | | | | | | | | | | 手机号码 | | | | |  | | | | |
| \*紧急联系人 | | \*姓名：　　　　　 \*与本人关系：　　　　 \*手机： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*是否有犯罪史： □无 □有，请说明：  \*是否有家族病史：□无 □有，名称： （含精神分裂病、癫痫病等遗传疾病）  \*是否有重大病史：□无 □有，名称： （含心、脑、肺、肾、肝等器官疾病） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 原是否缴纳社会保险: □无，□有（养老、失业、医疗、工伤、生育） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工 作 经 历 | 工作时间 | | | | | | 工作单位及电话 | | | | | | | | | | | | | | | | | 职务 | | | | | 离职原因 | | | |
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| 首次参加工作时间: 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家 庭 成 员 | 关系 | 姓名 | | | | |  | | | | | | | | | | | | | | | | | 职务 | | | | | 联系电话 | | | |
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| 入职方式：□网络招聘 □报纸广告 □人才市场 □猎头公司 □职业中介 □劳务市场 □校园招聘  □内部推荐（介绍人姓名： 所在部门： 职位： 介绍人性别：  介绍人联系方式： 与被介绍人关系： ） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **声明**：1、本人已学习公司人力资源管理制度和员工手册，愿自觉遵守，如有违反，自愿接受公司处理。  2、本人保证以上所填各项内容属实，本人明白：公司保留调查权利，若发现有虚假情况，公司有权对本人不支付任何经济补偿的辞退处理，本人承担一切后果。  3、本人承诺在与和谐公司签订劳动合同之前，与其它公司不存在劳动关系，否则由此引发的后果由本人承担。  4、如果本人联系方式、通讯地址等情况发生变化，本人承诺立即以书面形式告知公司人力资源部，否则导致公司文件或通知无法送达的，责任由本人承担。  \*申请人签名： \*填表日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **公司意见栏** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 部 门： | | | |  | | | | | | | | | 岗 位： | | | | | | | |  | | | | | | | | | | | | |
| 部门主管意见：    签字 | | | | | | | | | | | | | 人力资源部意见：  签字： | | | | | | | | | | | | | | | | | | | | |
| 有权主管意见：  签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |