**广州工控健康教育投资有限公司应聘人员履历表**

用人单位： 应聘日期： 年 月 日

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| 姓名 | |  | | | 性别 | |  | 出生日期 | | | | 年 | | | | 月 | 日 | | 小一寸照片 |
| 联系电话 | |  | | | | | 政治面貌 | |  | | | | | 婚姻状况 | | |  | |
| 学 历 | |  | | | | | 籍 贯 | |  | | | | | 健康状况 | | |  | |
| 户籍地址 | |  | | | | | | 身份证号码 | | | |  | | | | | | |
| 通讯地址 | |  | | | | | | 职称或执业资格 | | | | | | |  | | | |
| 教育经历 | | | | | | | | | | | | | | | | | | | |
| 学校名称 | | | | | 起止时间 | | | | | | | | 学历、学位、专业 | | | | | | |
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| 工作经历 | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 工作单位 | | | | | | | 职务/部门 | | | | | | | 解除劳动关系原因 | |
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| 家庭成员及社会关系 | | | | | | | | | | | | | | | | | | | |
| 关系 | 姓名 | | 出生年月 | | | 工作单位 | | | | | | | | | | | | 联系电话 | |
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| 是否有亲属在广州工控集团及下属单位工作？ | | | | | | | | | | 是 □ 否 □ | | | | | | | | | |
| 若有请详述该员工的姓名、所在单位、所任职务岗位、与该员工是何亲属关系： | | | | | | | | | | | | | | | | | | | |
| 本人郑重承诺以上内容属实并同意公司对以上情况进行调查，如有任何虚假，则视为本人的欺诈行为，公司可据此解除与本人的劳动合同，且不承担任何赔偿责任。如因本人的不实资料给公司和自身造成的损害，由本人承担。  确认签字： 日期： | | | | | | | | | | | | | | | | | | | |