中国人保资产管理有限公司博士后应聘登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 个 人 基 本 资 料 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | | | | |  | | | | | | 性 别 | | | | | | | |  | | | | | | | 1寸照片 | | | |
| 出生日期 | | | | |  | | | | | | 政治面貌 | | | | | | | |  | | | | | | |
| 入党时间 | | | | |  | | | | | | 籍 贯 | | | | | | | |  | | | | | | |
| 民 族 | | | | |  | | | | | | 出生地 | | | | | | | |  | | | | | | |
| 血 型 | |  | | | | | | 身高(cm) | | | | | | |  | | | | | 体重(kg) | | | | | |  | | | |
| 婚姻状况 | |  | | | | | | 生育状况 | | | | | | |  | | | | | 手机号码 | | | | | |  | | | |
| 身份证号 | |  | | | | | | | | | | | | | | | | | | 电子邮箱 | | | | | |  | | | |
| 家庭/通信住址 | |  | | | | | | | | | | | | | | | | | | 户口所在地 | | | | | |  | | | |
| 紧急联络人 | |  | | | | | | 联系方式 | | | | | | |  | | | | | 与联络人关系 | | | | | |  | | | |
| 博士毕业学校 | |  | | | | | | 专业 | | | | | | |  | | | | | 博士期间导师 | | | | | |  | | | |
| 博士研究方向 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 博士论文题目 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否加入外国国籍，或取得国（境）外永久居留权 □是，请注明 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要工作简历（含实习） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | 工作/实习 | | | | | 所在单位 | | | | | | | | 职位 | | | | 从事工作 | | | | | | 证明人 | | | | | 电话 |
|  |  | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | |  |
|  |  | | | | |  | | | | | | | |  | | | |  | | | | | |  | | | | |  |
| 学习经历（从高中开始填写） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | 学校名称 | | | 专业 | | | | | | 学历 | | | | | 学位 | | | | 学位证取得时间 | | | | | | 证明人 | |
|  | | | |  | | |  | | | | | |  | | | | |  | | | |  | | | | | |  | |
|  | | | |  | | |  | | | | | |  | | | | |  | | | |  | | | | | |  | |
|  | | | |  | | |  | | | | | |  | | | | |  | | | |  | | | | | |  | |
|  | | | |  | | |  | | | | | |  | | | | |  | | | |  | | | | | |  | |
| 学生工作经历 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 公开发表论文 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职业资格 | | | | 取得时间 | | | | | | | | 名称或内容 | | | | | | | | | | | 授予机构 | | | | | | |
|  | | | | | | | |  | | | | | | | | | | |  | | | | | | |
|  | | | | | | | |  | | | | | | | | | | |  | | | | | | |
| 奖励记录 | | | | 奖励名称 | | | | | | 奖励日期 | | | | | | | 奖励级别 | | | | | | | | 授奖单位 | | | | |
|  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
|  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
|  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
|  | | | | | |  | | | | | | |  | | | | | | | |  | | | | |
| 本人特长描述 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 外语能力 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 计 算 机 技 能 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 计算机水平证书 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 掌握计算机语言 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要家庭成员及社会关系（顺序为父母（退休写原单位）、配偶、子女及主要社会关系） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 关系 | | | | | | 出生年月 | | | | | | | 国籍 | | | | | 工作单位 | | | | | | 职业/职务 | | |
|  | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | |
|  | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | |
|  | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | |
|  | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | |
|  | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | |
| 注：家庭成员若在国外定居，或加入外国国籍，或取得国（境）外永久居留权，请注明国别。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 附 加 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.您是否与我公司现有员工之间存在如下关系： □夫妻关系 □直系血亲关系  □三代以内旁系血亲及其配偶关系 □近姻亲关系 □不存在上述关系  2.您是否有亲属在人保系统内（本公司除外）任职： □有 □无  如有，请注明姓名、单位和职务：  注：未如实申报为严重违纪行为，将予以退站处理 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 有无犯罪记录？如有请列明 | | | | | | | | | 有无重大疾病、是否曾动过手术？如有请列明 | | | | | | | | | | | | 有无身体伤残？如有请列明 | | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |
| 本 人 声 明、 告 知 及 咨 询 授 权 书 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.本人声明，所提供的个人简历及填写的个人信息均属真实、有效。  2.本人授权中国人保资产管理有限公司调查上述资料（其中现工作单位在发放录用后进行背景调查），以作审核之用。  3.本人知晓并理解，若所本人提供的上述信息存在任何不属实之处，将予以退站处理。    签 字： 日 期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：表中内容均为必填项，如没有相关内容请填“无”**。**