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| **广西西大朴诚后勤产业服务有限公司员工情况登记表**    填表时间： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 | | | |  | 出生日期 | | | | | |  | | | | | | | 民族 | | |  | | | 相  片 | | | | | |  |
| 学历 |  | | | 学位 | | | |  | | | | | | | 政治面貌 | | | | | | |  | | | | | |
| 职称或技术等级 | | | |  |  | | | 身份证号码 | | | | |  | | | | | | | | | | | | | | |  | | | | | |  |
| 户口所在地 | | | |  | | | | | | | | | | | | | | | | | | 户口类别 | | | | | | □农业 □非农 | | | | | |  |
| 家庭住址 | | | |  | | | | | | | | | | | | | | | | | | 家庭电话 | | | | | |  | | | | | |
| 现本人住址 | | | |  | | | | | | | | | | | | | | | | | | 手 机 | | | | | |  | | | | | |
| 联系人情况 | | | | 姓 名 | | | |  | | | | | | 单 位 | | | | | | |  | | | | | | | | | | | | |
| 住 址 | | | |  | | | | | | | | | | | | | 联系电话 | | | | |  | | | | | | | |
| 住宿安排 | | | |  | | | |  | | | |  | |  | | |  | | | | 宗教信仰 | | | | |  | | | | | |  | |  |  |
| 个人简历（从初中或高中、中专、技校填起） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | | | | 在何地何单位做何事任何职 | | | | | | | | | | | | | | | | | | | | | | 证明人 | | | | |
| 年 月 日起至 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 年 月 日止 | | | | | | |
| 年 月 日起至 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 年 月 日止 | | | | | | |
| 年 月 日起至 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 年 月 日止 | | | | | | |
| 年 月 日起至 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 年 月 日止 | | | | | | |
| 年 月 日起至 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 年 月 日止 | | | | | | |
| 年 月 日起至 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 年 月 日止 | | | | | | |
| 年 月 日起至 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 年 月 日止 | | | | | | |
| 年 月 日起至 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 年 月 日止 | | | | | | |
| 年 月 日起至 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| 年 月 日止 | | | | | | |
| 家庭及婚育状况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 婚姻状况 | | | 🞎已婚 🞎再婚（结婚时间： 年 月 日）🞎未婚 🞎离异 🞎丧偶 🞎其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 配偶情况 | | | 姓 名 | | |  | | | | | 性 别 | | | | |  | | | | 出生年月 | | | |  | | | | | | 民族 |  | | |
| 学 历 | | |  | | | | | 学 位 | | | | |  | | | | | | | 政治面貌 | | | |  | | | | | | |
| 工作单位 | | |  | | | | | | | | | | | | | | | | | 联系电话 | | | |  | | | | | | |
| 子女情况 | | | 姓 名 | | | 性 别 | | | | 出生年月日 | | | | | | | | | 姓 名 | | | | | 性 别 | | | | | | 出生年月 | | | |
|  | | |  | | | |  | | | | | | | | |  | | | | |  | | | | | |  | | | |
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|  | | | 姓 名 | | | 性 别 | | | | 出生年月日 | | | | | | | | | 与本人关系 | | | | | 工作单位 | | | | | | | | | |
| 其他主要 | | |  | | |  | | | |  | | | | | | | | |  | | | | |  | | | | | | | | | |
| 家庭成员 | | |  | | |  | | | |  | | | | | | | | |  | | | | |  | | | | | | | | | |
| 情况 | | |  | | |  | | | |  | | | | | | | | |  | | | | |  | | | | | | | | | |
| 计划生育 | | | 生育第一孩时间 | | | | | | |  | | | | | | | | 领独生子女证时间 | | | | | | | | | | | |  | | | |
| 情况 | | | 避孕措施 | | | | | | |  | | | | | | | | | 计生手术时间 | | | | | | | | | | |  | | | |
| 是否与其他单位存在劳动关 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 系（如有需说明具体情况） | | | | | | | | | |
| 其他需要说明的情况 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：对以上事项的真实性负责。**  本人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |