**新进员工招聘、试用、转正申请审批表** QR-QP-601-02

**应聘部门： 应聘岗位： 填表日期：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | | | | | 性别 | | |  | | | | 出生年月 | | | | |  | | | | | | | | | | 民族 | |  | | | 照片 | |
| 身高 |  | | | | | | 体重 | | |  | | | | 健康状况 | | | | |  | | | | | | 籍贯 | | | |  | | | | |
| 毕业学校 |  | | | | | | | | | | | | | 学历 | | | | |  | | | | | | 参加工  作时间 | | | |  | | | | |
| 身份证号码 |  |  | | |  |  | |  |  | | |  |  | |  | |  | |  | |  |  | | | |  | |  |  |  | |  | |
| 户口所在地 |  | | | | | | | | | | | | | | 现住地址 | | | | | |  | | | | | | | | | | | | | | |
| 政治面貌 | □团员 □党员 □预备党员 □群众 □其他党派 | | | | | | | | | | | | | | | | | | | | | | | | | | 户口性质 | | | | | |  | | |
| 外语水平 | 语种： 级别： 口语水平： | | | | | | | | | | | | | | | | | | | | | | | | | | 社保参保时间 | | | | | |  | | |
| 联系电话 |  | | | | | | | | | | **紧急联系人（关系）** | | | | | | |  | | | | | | | | | E-mail/QQ | | | | | |  | | |
| 电 话 | | | | | | |  | | | | | | | | |
| 婚姻状态 | □未婚 □已婚 □丧偶 □离异 □再婚 | | | | | | | | | | | | | | | | | 目前状态 | | | | | □在校生 □应届毕业生 □其他（请注明）： | | | | | | | | | | | | |
| 教育背景  （最高学历） | 起止年月 | | | | | | 学 校 | | | | | | | | | | | | | 专 业 | | | | | | | | | | | | | | | 职 称 |
|  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
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| 工作经历 | 起止年月 | | | | | | 工作单位 | | | | | | | | | | | | | 职位 | | | | 证明人 | | | | | 联系方式 | | | | | | 人力资源部门  核实结果 |
|  | | | | | |  | | | | | | | | | | | | |  | | | |  | | | | |  | | | | | |  |
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| 自我评价（特长） | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 介绍人及关系： | | | | | | | | | | | | | | | | 介绍人联系电话: | | | | | | | | | | | | | | | | | | | |
| 填表人申明 | | | | 本人仔细阅读了本审批表的所有栏目，并根据自身情况如实填报。  本人承诺：所填报的所有内容，及所附证明文件、资料等，均真实和有效；对于自身所有  情况，有刻意隐瞒或遗漏等任何影响招聘录用的重大事项由本人承担一切后果。  如果因本人提供的信息、文件和资料不实或不全，导致单位作出错误的判断，由此引发  的一切后果，包括法律责任，完全由本人承担。  签字\_\_\_\_\_\_\_\_\_\_\_\_\_ 日期\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 面试人员： 面试日期： □同意试用 □储备存档 □不予考虑 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |