**附件2：** **甘肃烟草工业有限责任公司应聘登记表**

应聘岗位代码：

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| 姓 名 | |  | | | | | 性别 | | |  | 民族 | |  | 籍贯 |  | | | 本人近期一寸免冠  彩色照片 |
| 出生年月 | |  | | | | | 身份证号 | | | |  | | | | | | |
| 毕业院校 | |  | | | | | 联系电话 | | | |  | | | | | | |
| 电子邮件 | | | |  | | | | | | |
| 通信地址 | | | |  | | | | | | |
| 学历 | |  | | | 学位 | | | |  | | 专业 | |  | | | | |
| 毕业时间 | |  | | | | | 成绩排名 | | | | |  | | | | | 政治 面貌 |  |
| 是否全日制 | | 是□  否□ | | | | 计算机水平 | | | | | |  | | | | 外语水平 | |  |
| 身体健康情况，是否有以下情形，如有请如实填写。  一、是否患过重大疾病？是□ 否□  二、是否有色盲、色弱？是□ 否□  三、是否有以下职业禁忌症（噪音、粉尘）？是□ 否□  （一）噪音职业禁忌症询问：  1. 是否曾患中耳炎、外耳疾患等疾病？是□ 否□  2. 是否有药物中毒史：如链霉素、庆大霉素、卡那霉素等？是□ 否□  3. 有无噪声接触史及外伤、暴露史？是□ 否□  4. 遗传史：如家庭直系亲属中有耳聋病史等？是□ 否□  （二）有机粉尘职业禁忌询问：  1. 是否有致喘物过敏和支气管哮喘？是□ 否□  2. 是否有慢性阻塞型肺病？是□ 否□  3. 是否有慢性间质性肺病？是□ 否□  4. 是否有伴肺功能损害的心血管系统疾病？是□ 否□ | | | | | | | | | | | | | | | | | | |
| 教育经历 | | | 学校名称（从高中开始） | | | | | | | 起始时间 | | | | 担任职务 | | | | |
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| 奖惩情况及 资格证书 | | | 奖惩情况 | | | | | | | | | | | 相关资格证书 | | | | |
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| 家庭主要家庭成员及重要社会关系 | 姓名 | | | 与本人  关系 | | | | 年 龄 | | | 工作单位及职务 | | | | | | | |
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