**编外用人应聘审批表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **应聘人员基本情况（**  **由本人据实填写）** | **姓名** | | | |  | | | **性别** | | | | |  | | **近期1寸**  **相片** | | | | | |
| **出生日期** | | | |  | | | **户口性质** | | | | |  | |
| **家庭住址** | | | |  | | | | | | | | | |
| **户口地址** | | | |  | | | | | | | | | |
| **身份证号** | | | |  | | | | | | | **联系**  **电话** | |  |  | | | | | |
|  |  | | | | | |
| **毕业时间学校专业** | | | |  | | | | | | | **学历/**  **学位** | | |  | | | | | |
| **已取得的专技职称** | | | | | |  | | | | | | | | | | | | | |
| **已参加社会保险情况** | | | | | | | | | | | | | | | | | | | |
| **社保险种** | | | | | **参保时间** | | |  | | **社保险种** | | | | | | **参保时间** | | | |
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| **既往病史** | | | | |  | | | | | | | | | | | | | | |
| **配偶姓名** | | | | |  | **配偶单位** | | | | |  | | | | | | | | |
| **小孩姓名** | | |  | | | **年龄** | | |  | | **小孩姓名** | | | |  | | | **年龄** |  |
| **本人承诺“以上情况属实”，无隐瞒、欺骗情况。**    **应聘者签名：**  **年   月   日** | | | | | | | | | | | | | | | | | | | |
| **应聘志愿** | | | **应聘部门** | | | |  | | | | | **应聘岗位** | | | | | |  | | |
| **体检情况** | | |  | | | | | | | | | | | | | | | | | |
| **用人部门意见** | | **是否同意应聘：**    **部门负责人签字：                      年   月   日** | | | | | | | | | | | | | | | | | | |
| **分管领导意见** | | **是否同意应聘：**    **部门负责人签字：                      年   月   日** | | | | | | | | | | | | | | | | | | |
| **院**  **审 批**  **意 见** | | **第    次办公会（是   否）同意。**    **盖  章**  **年   月   日** | | | | | | | | | | | | | | | | | | |
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**备注：1、“既住病史”栏填写是否患过：肿瘤、结核、肝炎、肾功能不全、心血管疾病、糖尿病、类风湿关节炎、甲亢、肺心病或精神疾病等，有无外伤史。**

**2、应聘者凭本表参加竞聘，竞聘后交用人部门，由用人部门交人力处存档。**

**3、签订合同时还需提交身份证、职业资格证、体检表等原件或复印件。**