附件1

**员工个人信息表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | 性别 | | |  | | | 民族 | |  | |  | | |
| 出生日期 |  | | | | | 政治  面貌 | | |  | | | 婚姻  状况 | |  | |
| 身份证号码 |  | | | | | | | | | | | 籍贯 | |  | |
| 进入现工作  单位时间 |  | | | | | | | | 首次参加  工作时间 | | |  | | | |
| 户籍所在地 | 省 市 区（县） | | | | | | | | | | | | | | | | | |
| 现详细居住  地址 |  | | | | | | | | | | | | | | | | | |
| 个人档案  所在地 |  | | | | | | | | | | | | | | | | | |
| 手机号码 |  | | | | 家庭电话 | | | | |  | | | 邮箱 | |  | | | |
| 紧急情况  联系人 |  | | | | | | | | | 紧急情况联系人联系方式 | | | | |  | | | |
| **教育经历**  (从高中开始)  (如仍在读，请在第一行填写在读的学历) | 学历 | | | 起止时间  (yyyy/mm-yyyy/mm) | | | | | | 学校名称 | | | | | 专业 | | | 学习形式 |
|  | | |  | | | | | |  | | | | |  | | |  |
|  | | |  | | | | | |  | | | | |  | | |  |
|  | | |  | | | | | |  | | | | |  | | |  |
|  | | |  | | | | | |  | | | | |  | | |  |
| **以往工作经历**(从首次参加工作开始填写) | 起止时间  (yyyy/mm—yyyy/mm) | | | | | | | | | 工作单位名称 | | | | | 岗位 | | | 职务 |
|  | | | | | | | | |  | | | | |  | | |  |
|  | | | | | | | | |  | | | | |  | | |  |
|  | | | | | | | | |  | | | | |  | | |  |
|  | | | | | | | | |  | | | | |  | | |  |
| 与原工作单位有无未了事宜 | | | | | | |  | | | | | | | | | | | |
| 职务/职称经历 | | | | | | | 学会和社会兼职情况 | | | | | | | | | | | |
| 起止时间  (yyyy/mm—yyyy/mm) | | | 职务/职称 | | | | 起止时间  (yyyy/mm—yyyy/mm) | | | | | 聘任单位 | | | 任职学组 | | | 职务 |
|  | | |  | | | |  | | | | |  | | |  | | |  |
|  | | |  | | | |  | | | | |  | | |  | | |  |
|  | | |  | | | |  | | | | |  | | |  | | |  |
|  | | |  | | | |  | | | | |  | | |  | | |  |
| 国内外进修学习情况 | | | | | | | | | | | | 奖惩情况 | | | | | | |
| 起止时间  (yyyy/mm—yyyy/mm) | | | 地点 | | 进修学习/培训单位 | | | | | | | 时间 | | | 奖惩名称 | | | 奖惩单位 |
|  | | |  | |  | | | | | | |  | | |  | | |  |
|  | | |  | |  | | | | | | |  | | |  | | |  |
|  | | |  | |  | | | | | | |  | | |  | | |  |
| **家庭主要成员**(包括父母、配偶及子女) | | 姓名 | | | 称谓 | | | 年龄 | | | 工作单位 | | | | | | 岗位或职务 | |
|  | | |  | | |  | | |  | | | | | |  | |
|  | | |  | | |  | | |  | | | | | |  | |
|  | | |  | | |  | | |  | | | | | |  | |
|  | | |  | | |  | | |  | | | | | |  | |
| **备注：如无工作单位，可按照实际情况填写“创业”、“待业”、“退休”、“在读”、“学龄前儿童”等** | | | | | | | | | | | | | | | | | | |

本人承诺以上所填信息均真实有效。如相关内容发生变化的，本人将立即向院方书面通知。

若本人填写的信息存在任何虚假、遗漏或欺瞒的，经院方证实，可按照相关法律法规、聘用合同约定及规章制度进行处理。给院方或第三方造成严重损失或恶劣影响的，院方保留追究法律责任的权利。

**员工签名： 日期：**