**员工信息登记表**

**填表日期： 年 月 日**

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| **姓名** |  | | | | **性别** | | |  | | | | **出生日期** | | | |  | | | | | | | | | | **照片** | |
| **身份证号码** | | | | |  | | | | | | | | | | | | | | |  | | | | | |
| **民族** |  | | | | **籍贯** | | |  | | | **户口所在地** | | | | |  | | | | **婚姻**  **状况** | |  | | | |
| **现住地址** | | |  | | | | | | | | | | **邮编** | | |  | | | | **电话** |  | | | | |
| **通信地址** | | |  | | | | | | | | | | | | | | | | | **邮编** |  | | | | |
| **最高学历** | |  | | | | **专业** | |  | | **职业资格** | | | | |  | | | **证书有效期** | | |  | | | | | | |
| **最高教育经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教育时间** | | | | | | **院校名称** | | | | | | | | **学历** | | | | | **专业** | | | | | **证书** | | | |
| **年 月～ 年 月** | | | | | |  | | | | | | | |  | | | | |  | | | | |  | | | |
| **主要工作经历** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **工作时间** | | | | | | | **工作单位** | | | | | | | | | | **职位** | | | **证明人姓名、电话** | | | | | | | **离职原因** |
| **年 月～ 年 月** | | | | | | |  | | | | | | | | | |  | | |  | | | | | | |  |
| **年 月～ 年 月** | | | | | | |  | | | | | | | | | |  | | |  | | | | | | |  |
| **年 月～ 年 月** | | | | | | |  | | | | | | | | | |  | | |  | | | | | | |  |
| **主要家庭成员** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓 名** | | | | **关 系** | | | | | **工作单位及所任职务** | | | | | | | | | | | | | | **联系电话** | | | | |
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| **紧急联络人** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓 名** | | | | **关 系** | | | | | **联系地址及邮编** | | | | | | | | | | | | | | | | **联系电话** | | |
|  | | | |  | | | | |  | | | | | | | | | | | | | | | |  | | |
| **承诺：本人保证我所提供以及填写的资料均属实，如有虚假的，本人愿承担一切责任。**  **填表人： 日期：** | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **健康状况** | | **身高** |  | **体重** |  | **视力** | **（）良好**  **（）辅助** | **听力** | **（）良好**  **（）辅助** |
| **是否曾被认定为工伤或职业病或持有残疾人证明 ：填写“是”或“否” （ ）** | | | | | | | |
| **是否被劳动能力鉴定委员会鉴定为具有伤残等级以及何级伤残：填写“是”或“否”以及伤残等级 （ ） （ ）** | | | | | | | |
| **是否从事过井下、高空、高温、特别繁重体力劳动以及有毒有害工种：填写“是”或“否” （ ）** | | | | | | | |
| **是否有传染性疾病以及何疾病：填写“是”或“否”以及何疾病：（ ） （ ）** | | | | | | | |
| **最近6个月内所接受的医学治疗与医学检查：** | | | | | | | |
| **是否曾经或正在追究与承担过刑事责任：填写“是”或“否” （ ）** | | | | | | | | | |
| **员工确认** | **本人对信息登记表的上面登记的全部内容皆已知晓并保证我所提供以及填写的资料均属实。**    **员工签名： 日期：** | | | | | | | | |