**长江财产保险股份有限公司**

**销售人员应聘登记表**

（照片）

**姓 名**

**填报日期**

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| **一、基本信息** | | | | | | | | | | | | | | |
| 姓 名 |  | | 性 别 | |  | 民 族 | |  | | | 籍 贯 | | |  |
| 出生年月 |  | | 出生地 | |  | 户口所在地 | |  | | | 户口性质 | | |  |
| 血 型 |  | | 身 高 | | cm | 婚姻状况 | |  | | | 职 称 | | |  |
| 专 业 |  | | 学 历 | |  | 学 位 | |  | | | 毕业时间 | | |  |
| 政治面貌 |  | | 参加党派时间 | |  | 从事保险时间 | |  | | | 曾用名 | | |  |
| 毕业院校 |  | | | | | | | | | | | | | |
| **二、联系信息** | | | | | | | | | | | | | | |
| 家庭地址 |  | | | | | | | | | | | | | |
| 家庭电话 |  | | | 工作电话 | |  | | | | 传 真 | |  | | |
| 手 机 |  | | | 邮政编码 | |  | | | | E-mail 地址 | |  | | |
| 紧急联系人 |  | | | 与本人关系 | |  | | | | 联系电话 | |  | | |
| **三、证件信息(身份证、回乡证、驾驶证等)** | | | | | | | | | | | | | | |
| 证件名称 | | 发证机关 | | 证件号码 | | | | | | 到期日 | | | | |
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| **四、教育培训经历（从高中起填写）** | | | | | | | | | | | | | | |
| 起止时间 | | 学校 | | 专业 | | | 学制 | | 证书及编号 | | | | 证明人及联系方式 | |
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| **五、培训经历** | | | | | | | | | | | | | | | | | | |
| 起止时间 | | 培训机构 | | | | 培训内容 | | | | 学制 | | | 证书及编号 | | | 证明人及联系方式 | | |
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| **六、工作履历** | | | | | | | | | | | | | | | | | | |
| 起止时间 | | 单位名称 | | | | | | | 职务或岗位 | | | | | 证明人及联系方式 | | | | |
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| **七、技术职称或专业资格** | | | | | | | | | | | | | | | | | | |
| 职称或资格名称(中、英文) | | | | | 取得时间 | | | | 授予单位 | | | | | 有效期限 | | | 备注 | |
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| **八、奖惩信息** | | | | | | | | | | | | | | | | | | |
| 奖惩类别 | | | | 时间 | | | | 授予单位 | | | | 证书或奖章及编号 | | | | | | |
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| **九、家庭成员信息** | | | | | | | | | | | | | | | | | | |
| 称谓 | 姓名 | | 证件及号码 | | | | 出生时间 | | | | 文化程度 | | | | 单位及职务 | | | 联系电话 |
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| **十、爱好与特长** |
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| **十一、前一工作年度团队业务及管理情况（应聘业务部经理人员填写）** |
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| **十二、前一年度主要保险项目及标准保费情况（如有）（应聘客户经理人员填写）** |
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| **十三、招聘信息来源（必填）** |
| 智联等招聘渠道 公司公众号或公司网站  公司员工介绍，姓名： 其它： |