履歷表

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| 應徵工作 | | | | | | | | | | | | | | | | | | | | | | | | 照 片(必貼) | | | | | | | | | |
| 職稱 | | | |  | | | | | | | | | | | | | | | | | | | |
| 希望待遇 | | | |  | | | | | | | | | | | | | | | | | | | |
| 工作地點 | | | |  | | | | | | | | | | | | | | | | | | | |
| 可上班日期 | | | |  | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | |  | | | | | 性別 | | |  | 出生日期 | | | | |  | | | | | | | | 年齡 | | |  | | | |  |
| 婚姻狀況  (必填) | | | | □已婚 | | □未婚 | | | 役別 | | |  | | | | | | 駕照 | | | |  | | | | | | | | | | |  |
| 日間電話 | | | |  | | | | | | | 夜間電話 | | | | |  | | | | | | | | | | | | | | | | |  |
| 行動電話 | | | |  | | | | | | | 呼叫器 | | | | |  | | | | | | | | | | | | | | | | |  |
| 電子郵件 | | | |  | | | | | | | 聯絡時間 | | | | |  | | | | | | | | | | | | | | | | |  |
| 通訊地址 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 其他聯絡 | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 教育程度 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 學校名稱 | | | | | | | | | | | 科系 | | | | | | | | | | | | | | | | | | | | | |  |
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| 工作經驗 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 公司名稱 | | | | | | | 擔任職務 | | | | | | | | 起迄(年/月) | | | | | | | | | | | | | | | | | | 離職原因 |
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| 親  屬  狀  況  (必填) | 稱 謂 | 姓 名 | | | | | 年齡 | | | 教育程度 | | | | 職 業 | | | | | | 服 務 機 構 | | | | | | | | | | | | | 職 稱 |
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| 聯 | 姓 名 | | | | 關 係 | | | 住 址 | | | | | | | | | | | | | | | | | | | | | | | | 電 話 | |
| 絡 |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 人  (必填) |  | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 語言能力(必填) | | | | | | | 認證職照 | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 母語 | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 精通 | | |  | | | |  |
| 略通 | | |  | | | |  |
| 專業電腦技能 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 專長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| 健康狀況  (必填) | | | | ⃞高血壓 ⃞糖尿病 ⃞心臟病 ⃞貧血 ⃞先天性疾病  ⃞ 其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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