**Application Registration Form**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | |  | Gender | |  | | Date of birth | |  | (1-inch color bareheaded photo) |
| Ethnicity | |  | Political Appearance | |  | | ID number | |  |
| Place of  origin | |  | Marital Status | |  | | Graduation Institution | |  |
| Education | |  | Degree | |  | | Major | |  |
| Type of education | | Whether full-time: Yes□ No□  Please specify whether you have obtained certification from the Ministry of Education Service Center for Overseas Study Yes □ No □ Certification in progress □ | | | | | | | | |
| English level | | TEM-8□: score ; TEM-4□: score ；  IELTS□: score ; TOEFL□: score ；  CET-6□: score ; CET-4□: score ；  Application A level □: score ; none □.  Other languages Certificate or level description | | | | | | | | |
| Computer level | |  | Title (skill) level | |  | | Get Qualified  Certificates | |  | |
| place of residence | |  | | | Phone/Tel number | |  | | | |
| Original work unit | |  | | | Previous position | |  | | | |
| Original revenue | |  | | | Expected income | |  | | | |
| Position applied for | |  | | | Available for report duty | |  | | | |
| Whether to obtain state-level and provincial or ministerial (or above) awards or  Have been subject to criminal penalties | |  | | | | | | | | |
| Health Status | | Height (net height): CM Weight: KG Blood type:  Visual acuity (E scale): Left Right Whether there is color weakness, color blindness: No □ Yes □  Any history of genetic diseases in my family and spouse's family (check all): No □ Yes □  Any history of major illnesses or chronic diseases for myself, my spouse, and children (check all): No □ Yes □  Do I, my spouse, or my children have any mental system diseases (check all): No □ Yes □  Do I, my spouse and children have any infectious diseases (check all): No □ Yes □ | | | | | | | | |
| Motivation for applying for a job | | Treatment □ Development □ Interests □ Family □ Geographical location □ Other: | | | | | | | | |
| Major academic experience (from college/bachelor's degree) | | | | | | | | | | |
| Start and end time | School | | | | Specialty | | | | Academic qualifications | |
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| Main Work Experience | | | | | | | | | | |
| Start and end time | Work Unit | | | | Positions held | | | Attesters | Contact Number | |
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| Family Members | | | | | | | | | | |
| Name | Age | | | Relationship with you | | Current work and position | | | Phone/TEL number | |
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| Personality Description |  | | | | | | | | | |
| Professional specialties |  | | | | | | | | | |
| I guarantee that any and all above filled in the content is true and accurate totally, if false, the company has the right to pursue all and any relevant responsibility.      Signature:  filling time: | | | | | | | | | | |