**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 QualifiedCertificates |  |
| 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 orHave 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:  |