附件：

“AI豆计划”项目

人工智能训练师招募报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **个人基本信息** | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | | | | 性 别 | | | | □男 | | | | | □女 | |
| 年 龄 |  | | | | | | 联系电话 | | | |  | | | | | | |
| 家庭住址 |  | | | | | | | | | | | | | | | | |
| 籍 贯 |  | | | | | | | | | | | | | | | | |
| 政治面貌 | □群众 | | | □团员 | | | | | □党员 | | | | | □其他 | | | |
| **教育情况** | | | | | | | | | | | | | | | | | |
| 学 历 | □初中 | | □高中 | | □大专 | | | | □本科 | | | □研究生 | | | | | □其他 |
| 毕业院校 |  | | | | | | | | | | | | | | | | |
| 毕业日期 |  | | | | | | | | | | | | | | | | |
| 专 业 |  | | | | | | | | | | | | | | | | |
| 教育经历 | 格式：时间+学历+专业+毕业/肆业（如无专业，可不填写） | | | | | | | | | | | | | | | | |
| **工作经历** | | | | | | | | | | | | | | | | | |
| 工作经历 | 格式：时间+公司名称+公司性质+担任职位+工作内容 | | | | | | | | | | | | | | | | |
| 是否接受过电脑培训？ | □是 | | | | | | | | □否 | | | | | | | | |
| 计算机操作水平  （可多选） | □熟悉电脑操作系统 | | | | | | | | | | | | | | | | |
| □熟练使用浏览器上网 | | | | | | | | | | | | | | | | |
| □可基本操作Office办公软件 | | | | | | | | | | | | | | | | |
| □曾使用过钉钉办公软件 | | | | | | | | | | | | | | | | |
| □很少使用电脑 | | | | | | | | | | | | | | | | |
| □从未使用过电脑 | | | | | | | | | | | | | | | | |
| 是否有了解过数据标注行业？ | □有 | | | | □没有 | | | | | | | □不是很了解 | | | | | |
| 自我评价 |  | | | | | | | | | | | | | | | | |
| **家庭情况** | | | | | | | | | | | | | | | | | |
| 家庭人口信息（勾选） | | | | | | | | | | | | | | | | | |
|  | | 1 | | | | 2 | | | | 3 | | | | | 4人以上 | | |
| 家庭人口数量 | |  | | | |  | | | |  | | | | |  | | |
| 未成年人数量 | |  | | | |  | | | |  | | | | |  | | |
| 老年人数量 | |  | | | |  | | | |  | | | | |  | | |
| 主要从事劳动力的人数 | |  | | | |  | | | |  | | | | |  | | |
| 主要从事劳动力的年龄 | | □20以下 | | | | | | | | | | | | | | | |
| □20-40 | | | | | | | | | | | | | | | |
| □40-50 | | | | | | | | | | | | | | | |
| 家庭年均收入 | | □3200以下 | | | | | | | | | | | | | | | |
| □3200-5000 | | | | | | | | | | | | | | | |
| □5000-8000 | | | | | | | | | | | | | | | |
| □8000以上 | | | | | | | | | | | | | | | |
| 家庭受助类别 | | □低保户 | | | | | | | | | | | | | | | |
| □单亲家庭 | | | | | | | | | | | | | | | |
| □就业困难 | | | | | | | | | | | | | | | |
| □伤残人员 | | | | | | | | | | | | | | | |
| □其他 | | | | | | | | | | | | | | | |
| 是否需要照看老人小孩 | | □需要 | | | | | | □不需要 | | | | | □不常需要 | | | | |
| 可工作时长 | | 少于8小时 | | | | | | | | | | | | | | | |
| 8小时 | | | | | | | | | | | | | | | |
| 高于8小时 | | | | | | | | | | | | | | | |
| 暂不确定 | | | | | | | | | | | | | | | |
| 家庭情况其他描述 | |  | | | | | | | | | | | | | | | |
| 家庭主要收入来源 | |  | | | | | | | | | | | | | | | |