**2022年高唐县人民医院优秀青年人才引进人员报名登记表**

报名序号（由招聘单位填写）： 应聘岗位：

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| 姓名 | |  | | | | | 性别 | | | |  | | | 出生年月 | | | | | |  | | | | 民族 | |  | | | | 近期正面  免冠电子版  照片 | | | |
| 政治面貌 | |  | | | | | | 健康  状况 | | |  | | | 婚姻状况 | | | | | |  | | | | 籍贯 | |  | | | |
| 身份证号 | |  | | | | | 现工作  单位 | | | | | |  | | | | | | | 参加工作  时间 | | | |  | | | | | |
| 手机号 | |  | | | | | 电子邮箱 | | | | | |  | | | | | | | 专业技术职务 | | | |  | | | | | |
| **学 习 经 历** | 学历阶段 | | | | 起止年月 | | | | | 毕业院校 | | | | | | | 所学专业 | | | | | | | 研究方向 | | | | | 所获学位 | | | | 学习形式 |
| 本科 | | | |  | | | | |  | | | | | | |  | | | | | | | \ | | | | |  | | | |  |
| 硕士研究生 | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | |  |
| 博士研究生 | | | |  | | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | |  |
| **工 作 经 历** | 起止年月 | | | | | 单位（部门） | | | | | | | | | | | | | 岗位 | | | | | | | 职务/职称 | | | | | | | |
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| **发表论文或著作情况** | 发表时间 | | 论文/著作名称 | | | | | | | | | | | | 作者位次 | | | | | | | 发表刊物/出版社 | | | | | | | | 收录情况 | | | |
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| **科研项目情况** | 课题名称 | | | | | | | | | | | | | | | 位次 | | | | | 批准部门 | | | | 级别 | | | 立项时间 | | | | 结项时间 | |
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| **获 奖 情 况** | 授予时间 | | | 奖项名称 | | | | | | | | | | | | | | | | | | | 批准部门 | | | | 级别 | | | | 本人排名 | | |
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| **家 庭 成 员** | 称谓 | | | 姓名 | | | | | 学历 | | | 毕业学校 | | | | | | 专业 | | | | | | | | | 现工作单位 | | | | 职务 | | |
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| 声明：应聘人若不能按期毕业并取得学历学位证书，不予聘用。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 我郑重承诺：本人已仔细阅读高唐县人民医院引进人员公告，清楚并理解其内容，所提供的个人信息、证明资料、证件等材料真实、准确，自觉遵守事业单位公开招聘相关规定，诚实守信，严守纪律，认真履行报考人员义务。对因提供有关信息、证件不实或违反有关纪律规定所造成的后果，本人自愿承担相应的责任。  **应聘人员签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：正反面打印，招聘单位对应聘人员资格复审时现场签字。