附件：岳池县中医医院医院应聘人员报名表

                           岳池县中医医院**医院应聘人员报名表**

**应聘专业（岗位）**                                    **联系电话**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **一、应聘人基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | |  | | | 性别 |  | 出生日期 | | |  | | | | | 民族 | |  | | | 身高（cm） | | |  | | | 本人照片 | |
| 职称 | | |  | | | | 政治面貌 | | |  | | | 籍贯 | | |  | | | | 专业名称 | | |  | | | |
| 培养方式 | | | |  | | | 婚姻婚育情况 | | |  | | | 执业资格取得时间 | | | |  | | | | | | | | | |
| 身份证号码 | | | | |  | | | | 家庭住址 | | |  | | | | | | | | | | 电子信箱 | | |  | | | |
| **二、学习及工作简历（自高中填起）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学  习  经  历 | 起止时间 | | | | | | 所  在  学  校 | | | | | | | | 专业 | | | | 学历 | | | | 学位 | | | 学制 | | 受教育形式 |
| /  —    / | | | | | |  | | | | | | | |  | | | |  | | | |  | | |  | |  |
| /  —    / | | | | | |  | | | | | | | |  | | | |  | | | |  | | |  | |  |
| 工作简  历 | 起止时间 | | | | | | 所  在  单  位 | | | | | | | | 从事专业 | | | | | 工作岗位 | | | 取得职称、时间及聘任时间 | | | | | |
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| 获奖情况及科研情况 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 外语能力（语种/级别） | | | | | | |  | | | | | | | 计算机能力/级别 | | | | | | |  | | | | | | | |
| 个人优势 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人声明：  签名（请勿打印，须亲笔书写）：                            年   月  日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：毕业学校、所学专业所填内容必须和毕业证书上的内容完全一致，不得简写。受教育方式指全日制、自考、成教、远程等。个人声明内容为本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。