滨州医学院附属医院招聘报名登记表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **性 别** |  | **出生年月** |  | **民族** |  | **一寸彩色照片** | |
| **政治面貌** | |  | **婚 否** |  | **籍 贯** |  | | |
| **身份证号** | |  | | | **家庭住址** |  | | |
| **移动电话** | |  | | | **E-mail** |  | | |
| **应聘科室** | |  | | | | | | | | |
| **最高学历** | |  | **毕业时间** | |  | | | | | |
| **毕业学校** | |  | | | | | |
| **专业名称** | |  | | | | | |
| **研究方向** | |  | | | | | |
| **毕业论文题目** | |  | | | | | |
| **英语及计算机水平** | | | | |  | | | | | |
| **执业医师资格证书** | | | | |  | | | | | |
| **住院医师规范化培训合格证书** | | | | |  | | | | | |
| **学**  **习**  **背**  **景** | **学历** | | **起止时间** | | **毕业学校** | | **所学专业** | | | **培养方式** |
| **博士** | |  | |  | |  | | |  |
| **硕士** | |  | |  | |  | | |  |
| **本科** | |  | |  | |  | | |  |
| **专科** | |  | |  | |  | | |  |
| **工**  **作**  **经**  **历** | **起止时间** | | **工作单位及科(室)** | | | | **性质（见习、实习、全职）** | | | |
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| **导师简介** |  | | | | | | | | | |
| **专业技能** |  | | | | | | | | | |
| **科研及论文情况** |  | | | | | | | | | |
| **其他获奖情况** |  | | | | | | | | | |
| **个人应聘优势** |  | | | | | | | | | |
| **我已经仔细阅读滨州医学院附属医院招聘相关信息，理解其内容，并郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确。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，本人自愿承担相关责任。**  **应聘人员签名：**    **年 月 日** | | | | | | | | | | |
| **备注** |  | | | | | | | | | |