附件

临沂市人民医院

临床药师招聘报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | | |  | | **性 别** | |  | | |  | |
| **出 生 年 月** | | |  | | **民 族** | |  | | |
| **婚 姻 状 况** | | |  | | **政 治 面 貌** | |  | | |
| **籍 贯** | | |  | | **身份证号码** | |  | | | | |
| **联系电话** | | |  | | **现家庭住址** | |  | | | | |
| **临床药师证书** | | |  | | **证书编号** | |  | | | | |
| **教育经历** | | | | | | | | | | | |
| **起始时间** | | **结束时间** | | **学 校** | | **专业** | **学历** | **学位** | | | **是否**  **全日制** |
|  | |  | |  | |  |  |  | | |  |
|  | |  | |  | |  |  |  | | |  |
|  | |  | |  | |  |  |  | | |  |
| **工作经历** | | | | | | | | | | | |
| **起始时间** | **结束时间** | | | **工作单位** | | | **所在部门** | | | **备注** | |
|  |  | | |  | | |  | | |  | |
|  |  | | |  | | |  | | |  | |
|  |  | | |  | | |  | | |  | |
| **亲属情况** | | | | | | | | | | | |
| **称谓** | **姓名** | | | **所在单位** | | | **担任职务** | | **联系电话** | | |
|  |  | | |  | | |  | |  | | |
|  |  | | |  | | |  | |  | | |
|  |  | | |  | | |  | |  | | |
|  |  | | |  | | |  | |  | | |
| **应聘原因** | | | | | | | | | | | |
|  | | | | | | | | | | | |