附件2

青岛大学附属心血管病医院公开招聘报名登记表

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| **姓 名** | |  | | | **性别** | | | |  | | | | **出生年月** | | | | |  | | | **民族** | | | | |  | | **1寸**  **照片** | |
| **申报岗位** | |  | | | **身份证号码** | | | | |  | | | | | | | | | | | **身高** | | | | |  | |
| **籍 贯** | |  | | | **政治面貌** | | | | |  | | | | | | | **参加工作时间** | | | | | |  | | | | |
| **第一学历**  **及学制** | |  | | | **毕业**  **时间** |  | | | | | | **毕业学校** | | | |  | | | | **所学专业** | | | | |  | | | **培养**  **方式** |  |
| **最高学历**  **及学制** | |  | | | **毕业**  **时间** |  | | | | | | **毕业学校** | | | |  | | | | **所学专业** | | | | |  | | | **培养**  **方式** |  |
| **职称资格** | |  | | | **获得**  **时间** |  | | | | | | | | **聘任**  **时间** | | | | |  | | | | | **曾担任**  **行政职务** | | | |  | |
| **所属编制** | |  | | | | | | **户口**  **所在地** | | | | | |  | | | | | | | | **移动电话** | | | | |  | | |
| **所取得从业资格证名称** | | |  | | | | **取得时间** | | | |  | | | | | | | | **从业资格证书编号** | | | | | | | |  | | |
| **家庭主要成员** | **称谓** | | | **姓 名** | | | **政治面貌** | | | | | | | | **工作单位、职务** | | | | | | | | | | | | | | |
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| **学习经历**  **第一学历起** | **起止时间** | | | | | | **学校** | | | | | | | | | | | | | | | | | | | | **学习专业** | | |
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| **工作经历** | **起止时间** | | | | | | **工作单位及科室** | | | | | | | | | | | | | | | | | | | | **从事专业工作** | | |
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| **工作业绩** | **时间** | | | | | | **论文、著作及学术成果** | | | | | | | | | | | | | | | | | | | | **位次** | | |
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| **奖惩** | **时间** | | | | | | **奖惩原因** | | | | | | | | | | | | | | | | | | | | **奖惩情况** | | |
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| **备注** | **本人承诺，以上填写内容及我提供的所有申报材料，都经本人认真核实过，我保证所提供的个人信息、相关材料、证件都真实、准确、完整，对因提供有关信息、材料、证件不真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。**  **承诺人签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |