临沂临港经济开发区人民医院

应 聘 登 记 表

**应聘岗位: 原工作月薪： 元/月 期望月薪： 元/月**

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| **姓 名** |  | | | | | | **性 别** | | | | | | |  | | | | | | | | **出生年月** | | | |  | **年龄** | | |  | | **照 片** | | |
| **民 族** |  | | | | | | **政治面貌** | | | | | | |  | | | | | | | | **婚 否** | | | |  | **籍 贯** | | |  | |
| **学 历** |  | | | | | | **专 业** | | | | | | |  | | | | | | | | **学 位** | | | |  | | | | | |
| **毕业院校** |  | | | | | | **毕业时间** | | | | | | |  | | | | | | | | **爱 好** | | | |  | | | | | |
| **最高职称** |  | | | | | | **取得时间** | | | | | | |  | | | | | | | | **联系电话** | | | |  | | | **紧急联系电话** | | | | |  |
| **户口所在地** |  | | | | | | **家庭住址** | | | | | | |  | | | | | | | | | | | | | | | | **电子邮箱** | | | |  |
| **身份证号码** |  |  |  | |  |  | |  |  |  |  |  | | |  |  | |  | |  |  | |  |  |  | **住宅电话** | |  | | | | | | |
| **家庭**  **主要**  **成员** | **关系** | | | **姓 名** | | | | | | | | | **年龄** | | | | | | **工 作 单 位** | | | | | | | | | | | | **联系电话** | | | |
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| **是否有亲属或朋友在本医院工作(请写清姓名、与本人关系、所在科室及职务)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **教**  **育**  **经**  **历**  **(从高中填写)** | **起止年月** | | | | | | | | | | | | | | | | **学校名称** | | | | | | | | | | | | | | | | **证书** | |
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| **主**  **要**  **工**  **作**  **经**  **历** | **起止年月** | | | | | | **工 作 单 位** | | | | | | | | | | | | | | | | | **岗 位** | | **核心职责** | | | | **证明人** | | | **联系电话** | |
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| **获奖情况** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **应聘人**  **承 诺** | 1我保证上述所填写每一项内容皆属实，愿接受单位调查，如有虚假及隐瞒，自愿接受解聘之处分，且不要求任何经济补偿金和劳动合同解除违约金。  2我自愿申请加盟单位，如能被录用，将认可并遵守单位规章制度，并服从单位作出的工作地点及相应的薪酬调整、岗位调配等决定。  **签名： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |