**重庆市公卫中心应聘人员登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **应聘职位(科室+岗位)** | | | | | | |  | | | | | | | | | **填表日期** | |  | | | | | | | 照片 |
| 姓 名 |  | | | | | | 出生年月 | | | |  | | | | | 已取得  最高学历 | |  | | | | | | |
| 性 别 |  | | | | | | 身 高 | | | |  | | | | | 是否规陪 | |  | | | | | | |
| 年 龄 |  | | | | | | 健康状况 | | | |  | | | | | 执业资格 | |  | | | | | | |
| 民 族 |  | | | | | | 婚育情况 | | | |  | | | | | 技术职称 | |  | | | | | | | |
| 籍贯 |  | | | | | | 政治面貌 | | | |  | | | | | 身份证号 | |  | | | | | | | |
| 现住址 |  | | | | | | | | | | | | | | | | 个人联系电话 | | | | |  | | | |
| 电子邮箱 | | |  | | | | | | QQ号 | | |  | | | | | 紧急联系人电话 | | | | |  | | | |
| **教育及培训/情况（从高中起）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | | **毕业学校** | | | | | | | **学历** | | | **专业** | | | | | **学位** | | | | 培养形式（全日制\专升本\自考\成教 | |
|  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  | |
|  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  | |
|  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  | |
|  | | | | |  | | | | | | |  | | |  | | | | |  | | | |  | |
| **工作履历（包括进修）** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | | **工作单位名称** | | | | | | | | **所在科室/部门** | | | | | | **岗位/职务** | | | | | **离职原因** | |
|  | | | | |  | | | | | | | |  | | | | | |  | | | | |  | |
|  | | | | |  | | | | | | | |  | | | | | |  | | | | |  | |
|  | | | | |  | | | | | | | |  | | | | | |  | | | | |  | |
|  | | | | |  | | | | | | | |  | | | | | |  | | | | |  | |
| **家 庭 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | | | | **与您的关系** | | | | | | **工作单位** | | | | | | | | **联系方式（选填）** | | | | | | | |
|  | | | |  | | | | | |  | | | | | | | |  | | | | | | | |
|  | | | |  | | | | | |  | | | | | | | |  | | | | | | | |
|  | | | |  | | | | | |  | | | | | | | |  | | | | | | | |
| **已取得其他证书/重要获奖** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **类型** | | | | | | **名称** | | | | | | | | | **等级/级别/水平** | | | | | | | | **取得时间** | | |
| 外语水平相关证书 | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
| 其他卫生技术类证书 | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
| 其他证书 | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
| 重要获奖 | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
|  | | | | | |  | | | | | | | | |  | | | | | | | |  | | |
| **过去工作成就/科研论文/项目经历/发明专利/特殊技能** | | | | | | | | | | | | | | | | | | | | | | | | | |
| （简明扼要） | | | | | | | | | | | | | | | | | | | | | | | | | |
| **自我评价及个人职业规划** | | | | | | | | | | | | | | | | | | | | | | | | | |
| (200字以内) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其 他 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 既往病史及重大手术史 | | | | | | | |  | | | | | | 福利及待遇期望 | | | | | | |  | | | | |
| 是否有犯罪记录 | | | | | | | |  | | | | | | 预计可到岗日期 | | | | | | |  | | | | |
| **招聘信息来源** | | **□丁香人才网 □重庆医药卫生人才网 □医招网 □医院官网 □其他招聘网站 □微信朋友圈 □同学/校友/朋友 □现场了解** | | | | | | | | | | | | | | | | | | | | | | | |
| **应 聘 须 知** | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1、福利待遇：五险+其他补贴福利+工资+绩效+其他,入职后初级卫生专技职称与市卫健委旗下重庆子漫人力资源公司签订合同，中级、高级卫生技术职称同中心签订合同。所有非编人员与在编职工同工同酬（绩效+奖金+补贴+工会福利+年终奖及其他待遇）。  2、试 用 期：本科或初级职称试用期2个月，硕士或中级职称试用期1个月。  3、职称聘任：初级师需要职称计算机(两个模块)，中级需要职称计算机(3个模块)+职称英语(C级)+论文.硕士研究生免考职称计算机和职称英语.  4、登记表内容填写必须真实有效，如有虚假，一经查实即取消招聘资格或解聘。  5、以上所有个人信息本单位及工作人员将根据相关法律法规严格保密。  *本人承诺在该表所填写个人信息均真实有效，如提供虚假信息和材料，自行承担一切后果；本人均已知晓并同意上述应聘须知内容。*  应聘人/承诺人签字： | | | | | | | | | | | | | | | | | | | | | | | | | |

注：此表内容请勿删减，请双面打印。