**厦门大学医院应聘简历**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | | | | | **性 别** | | | |  | | | | 相 片 | | | | |
| **出生年月** | |  | | | | | **身高** cm | | | |  | | | |
| **体重**  kg | | | |  | | | |
| **民 族** | |  | | | | | **政治面貌** | | | |  | | | |
| **外语水平** | |  | | | | | **计算机水平** | | | |  | | | |
| **专 业**  **最高学历** | |  | | | | | **现工作单位** | | | |  | | | |
| **专 业**  **最高学历**  **户籍所在地** | |  | | | | | **现 居 住 地** | | | |  | | | | | | | | |
| **身份证号** | | | |  | | | | | | | | |
| **联系电话**  外地请加0 | |  | | | | | | | | | **联系邮箱** | | |  | | | | | |
| **学习经历**  含在职教育 | | **起止时间** | | | | | **学校及专业** | | | | **学习方式** | | | | | **微信**  **QQ** |  | | |
| **学习经历**  含在职教育  **工作经历** |  | | | |  | | | | | | | |  | | | | | **学历** | |
|  | | | |  | | | | | | | |  | | | | |  | |
|  | | | |  | | | | | | | |  | | | | |  | |
|  | | | |  | | | | | | | |  | | | | |  | |
|  | | | |  | | | | | | | |  | | | | |  | |
| **起止时间** | | | | **工作单位** | | | | | | | | **工作科室** | | | | |  | |
| **工作经历**  **专业证书** |  | | | |  | | | | | | | |  | | | | | **担任职务** | |
|  | | | |  | | | | | | | |  | | | | |  | |
|  | | | |  | | | | | | | |  | | | | |  | |
|  | | | |  | | | | | | | |  | | | | |  | |
|  | | | |  | | | | | | | |  | | | | |  | |
|  | | | |  | | | | | | | |  | | | | |  | |
| **证书名称** | | | | **证件号** | | | | | | | | **有效期** | | | | |  | |
| **专业证书**  **爱好特长** |  | | |  | | | | |  | | | **发证单位/培训单位** | | | | | | **备注** | |
|  | | |  | | | | |  | | |  | | | | | |  | |
|  | | |  | | | | |  | | |  | | | | | |  | |
|  | | |  | | | | |  | | |  | | | | | |  | |
|  | | |  | | | | |  | | |  | | | | | |  | |
| **奖惩情况** |  | | | | | | | | | | | | | | | | | | |
| **家庭**  **主要**  **成员**  **情况** | **姓 名** | | | | | | | | | | | | | | | | | | | **性别** | **年龄** |
| **家庭**  **主要**  **成员**  **情况**  **自我评价** |  | |  | | |  | | **关系** | | **工作单位及职务** | | | | | | | | | **政治面貌** |
|  | |  | | |  | |  | |  | | | | | | | | |  |
|  | |  | | |  | |  | |  | | | | | | | | |  |
|  | |  | | |  | |  | |  | | | | | | | | |  |
|  | |  | | |  | |  | |  | | | | | | | | |  |
|  | |  | | |  | |  | |  | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | |

**填表时间： 年 月 日**