**附件**

巴东县人民医院2023年引进人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | **性 别** | |  | | **出 生**  **年 月** | |  | | | | | | **照片** | | |
| **民 族** |  | | | **籍 贯** | |  | | **政 治**  **面 貌** | |  | | | | | |
| **最 高**  **学 位** |  | | | **英 语**  **水 平** | |  | | **计算机**  **水 平** | |  | | **身体状况** | |  | |
| **第一学历** | | | | | | | | | | | | | | | | | | |
| **学历**  **学制** |  | | | | **毕业时间**  **院校及专业** | |  | | | | | | | | | | **是否**  **全日制** |  |
| **最高学历** | | | | | | | | | | | | | | | | | | |
| **学历**  **学制** |  | | | | **毕业时间**  **院校及专业** | |  | | | | | | | | | | **是否**  **全日制** |  |
| **身 份 证**  **号 码** |  | | | | | **是否取得**  **执业医师** | | |  | | **手 机**  **号 码** | | | |  | | | |
| **参加住院医师规范化培训情况**  **（请填写在培情况及培训专业）** | | | | | |  | | | | | | | | | | | | |
| **应聘专业领域** | | |  | | | | | | **层次类型** | | | |  | | | | | |
| **学习简历**  （从高中开始填写，并注明时间段、所学专业及学历） | |  | | | | | | | | | | | | | | | | |
| **工作经历** | |  | | | | | | | | | | | | | | | | |
| **何时受过**  **何种奖励**  **及发表文章** | |  | | | | | | | | | | | | | | | | |
| **科研成果及**  **特殊业绩** | |  | | | | | | | | | | | | | | | | |
| **自愿保证：所填写信息及提交资料准确、真实，如有虚假信息和作假行为，一切后果自负。**    承诺人签名并捺印： 日期： | | | | | | | | | | | | | | | | | | |