**2023年应聘人员信息登记表**

**应聘岗位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | | |  | | 性别 | | |  | | 出生年月 | | | |  | | | | 一  寸  彩  色  照  片 | |
| 政治面貌 | | | |  | | 民族 | | |  | | 籍贯 | | | |  | | | |
| 身份证号 | | | |  | | | | | | | 学历  学位 | | | |  | | | |
| 职称资格 | | | |  | | | | | | | 毕业时间 | | | |  | | | |
| 外语水平 | | | |  | | | | | | | 联系方式 | | | |  | | | | | |
| 教育背景 | | 起止  年月 | | | 学历 | | | 毕业院校 | | | | | | 所学专业 | | | | 研究方向 | | |
|  | | |  | | |  | | | | | |  | | | |  | | |
|  | | |  | | |  | | | | | |  | | | |  | | |
|  | | |  | | |  | | | | | |  | | | |  | | |
| 海外留学经历 | | | | |  | | | | | | | | | | | | | | | |
| 工作经历 | | 起止  年月 | | | 工作单位 | | | | | | | | | | | | | | | 职称（职务） |
|  | | |  | | | | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | | | |  |
|  | | |  | | | | | | | | | | | | | | |  |
| 配偶情况 | | | 姓名 | |  | | 年龄 | | |  | | 学历 |  | | | 工作  单位 |  | | | |
| 近五年科研项目及  发表论文等情况 | |  | | | | | | | | | | | | | | | | | | |
| 近五年获奖情况 | |  | | | | | | | | | | | | | | | | | | |
| 其它 | |  | | | | | | | | | | | | | | | | | | |
| **本人郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确。对因提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相关责任。**  **应聘人员签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | **审查人： 年 月 日** | | | | | | | | | | | | | | | | | | | |

**注：栏目如无信息请填写“无”；“获奖情况”请填写校级以上获奖；本表正反面打印。**

山东第一医科大学第一附属医院（山东省千佛山医院）组织人事处制