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| 江西省皮肤病专科医院应聘人员登记表 | | | | | | | | | | | | | | | | | |
| 应聘岗位名称: 是否服从医院调配:是□ 否□ | | | | | | | | | | | | | | | | | |
| 姓名 | |  | 性别 |  | | 出生日期 | | |  | | | 民族 | |  | 照 片 | | |
| 籍贯 | |  | 婚否 |  | | 身高 | | |  | | | 政治面貌 | |  |
| 第一学历（学位）及毕业时间 | | |  | | | | | | 毕业学校及专业 | | |  | | |
| 最高学历（学位）及毕业时间 | | |  | | | | | | 毕业学校及专业 | | |  | | |
| 导师姓名 | | |  | 是否完成住医规培 | | | | |  | | | 外语等级 | |  |  | | |
| 现取得执业资格名称 | | |  | | | | | | 取得执业资格时间 | | |  | | |  | | |
| 现居住地地址 | | |  | | | | | | | | | 学硕  专硕  | | | | | |
| 电子邮箱 | | |  | | | | | | | | | 手机 | | |  | | |
| 学习经历 | 学历及学位 | | 学校 | | | | | | | 专业 | | | | | 起止时间 | | |
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| 工作经历（含实习/规培经历） | 工作单位及职务（注明医院等级） | | | | | | | | | | | | | | 起止时间 | | |
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|  | | | | | | | | | | | | | |  | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | |
| 科研论文情况 |  | | | | | | | | | | | | | | | | |
| 其他需要说明的问题 |  | | | | | | | | | | | | | | | | |
| 本人保证所提供的内容与资料真实有效。 | | | | | | | | | | | | | | | |  |  |  |
|  | |  | | |  | |  |  | | |  | | 应聘人员签名： | | | | |