**附件2：**

**济医（山东）互联网医疗健康有限公司**

**应聘人员登记表**

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| 姓 名 |  | | | 性 别 |  | | 出生年月 | | |  | | | 1寸照片 | |
| 籍 贯 |  | | | 民 族 |  | | 婚 否 | | |  | | |
| 身 高 |  | | | 体 重 |  | | 健康状况 | | |  | | |
| 学 历 |  | | | 职 称 |  | | 政治面貌 | | |  | | |
| 工作年限 |  | | | 取得注册执业资格  及时间 | | |  | | | | | | | |
| 身份证号码 |  | | | | | | 联系方式 | | |  | | | | |
| 现 家 庭  住 址 |  | | | | | | | | | | | | | |
| 电子邮箱 |  | | | | | | | | 预计到岗时间 | | |  | | |
| **教育经历（要求从第一学历详述）：** | | | | | | | | | | | | | | |
| 学校名称 | | | 起止时间 | | | | | 专业 | | | 所获学历及学位 | | | |
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| **工作经历：** | | | | | | | | | | | | | | |
| 单位名称 | | 起止时间 | | | | 部门 | | | 职务 | | | | | 证明人及电话 |
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| **所获荣誉：** | | | |
| **家庭成员：** | | | |
| 称谓 | 姓名 | 年龄 | 工作单位 |
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|  |  |  |  |
| 个人特长及爱好 |  | | |
| 自我评价 |  | | |
| 期望工资待遇 |  | | |
| 从何处得知招聘信息 |  | | |
| 是否与济医（山东）互联网医疗健康有限公司及权属企业有近亲属关系，如有请列出人员信息 |  | | |

**诚信要求：本人承诺以上所填写内容全部属实，愿为内容的真实性负责，并将承担不实告知所带来的后果**