附件2

平顶山市第二人民医院公开招聘新城区湖滨社区卫生服务中心

卫生专业人事代理人员报名登记表

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| **报名序号： （工作人员填写） 本表正反两面，请如实填写；不可空项，如无相关情况，须填“无”。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **应聘**  **岗位类别** | | |  | | | | | | | | **应聘岗位（专业）及序号** | | | | | | | | | |  | | | | | | | | | | | | | |
| **姓 名** | |  | | | | | **性别** | | | |  | | **民 族** | | | |  | | | | **出生时间** | | | | | |  | | | | | **本人近期**  **免冠彩色**  **1寸照片** | | |
| **籍 贯** | |  | | | | | | | | | | | **政治面貌** | | | |  | | | | | | | **婚否** | | | |  | | | |
| **身 高** | | **cm** | | | | **体重** | | | **kg** | | | | **健康状况** | | | | **健康□ 一般□ 较弱□ 疾病□ 伤残□** | | | | | | | | | | | | | | |
| **身份证号** | | |  |  |  | | |  | |  | |  |  | |  |  | |  |  | | |  |  | |  | |  | |  |  |  |
| **学历层次** | | | **学历** | | | **学位** | | | | **毕业时间** | | | | **毕业院校** | | | | | | | | | | | | | **所学专业（研究生还须注明**  **专业型/学术型）** | | | | | | | **学制** |
| **最高学历** | | |  | | |  | | | |  | | | |  | | | | | | | | | | | | |  | | | | | | |  |
| **第一学历** | | |  | | |  | | | |  | | | |  | | | | | | | | | | | | |  | | | | | | |  |
| **住院医师规范化培训情况** | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **英语水平** | | | **CET4 □ CET6 □**  **其他：** | | | | | | | | | | | **人事档案**  **存放单位** | | | | |  | | | | | | | | | | | | | | | |
| **执业**  **资格**  **证书** | **名 称** | | | | | | | | **获取时间** | | | | | **注册地点** | | | | | | | | | | | | **证书编号** | | | | | | | | |
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| **专业技术资格证书** | **名 称** | | | | | | | | **获取时间** | | | | | **专业名称** | | | | | | | | | | | | **证书编号** | | | | | | | | |
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| **联系**  **方式** | **手机** | | | | | | | | **其他联系方式（QQ、E-mail等）** | | | | | | | | | | | **通讯地址、邮编** | | | | | | | | | | | | | | |
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| **工**  **作**  **经**  **历** | **起止时间** | | | | | | | | **工作单位及科(室)** | | | | | | | | | | | | | | | | | **职务** | | | | | | | **工作性质** | |
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| **填写说明：①从实习期开始填写。②“工作性质”填写实习、见习、合同制、在编等。** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **离职**  **原因** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **主要**  **家庭成员** | **关系** | **姓 名** | | **工作单位 职务 联系方式** | | | | **政治面貌** |
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| **学术论文发表情况** | **期刊名称** | | | **级别** | **论文题目** | **撰写字数** | **位次** | **发表时间** |
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| **科研成果** | **级别** | | **名次** | | **成果名称** | **认证单位** | | **认证时间** |
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| **奖惩**  **情况** |  | | | | | | | |
| **个人特长及**  **兴趣爱好** |  | | | | | | | |
| **自我**  **评价** |  | | | | | | | |
| **其他需**  **说明情况** |  | | | | | | | |
| **本人承诺，上述表格中所填内容及我提供的所有材料都真实、准确、完整，否则，同意用人单位取消本人录用资格并承担一切责任。**  **应聘人（本人签名）：**  **年 月 日** | | | | | | | | |

1.本表务必亲笔签名后，以PDF格式上传，在不改变表格布局前提下，可自行调节字号，论文、项目信息如较多可另附页。

2.毕业证专业与报名专业原则上保持一致。

3.论文发表及项目参与情况填写近五年内情况。

4.上传报名表时，需包含以下证件扫描件。

附：需要上传的证件扫描件（未上传或上传不全视为无证）：

**特别提醒：请按以下顺序，按应聘的岗位要求，将所需证件上传完整且有较高清晰度识别度。（证件扫描件处留存的地方仅供参考，上传的证件要求必须有较高清晰度识别度。）**

1. 身份证复印件（正反面）

证件扫描件：

2.基础学历、中间学历、最高学历毕业证及学位证、专业方向证明（高中起点后的所有学历的毕业证、学位证），各学历阶段学历认证报告或《教育部学历证书电子注册备案表》，应届毕业生也可提供相应《教育部学籍在线验证报告》

证件扫描件：

3.专业技术资格证书、执业资格证书、住院医师规范化培训合格证（如已通过考试但尚未发证，请提交成绩单，2023年应届毕业生需提供规培医院出具的规培情况证明）

证件扫描件：

4.岗位中要求的其他证明材料（如工作经历证明等）

证件扫描件：