**平顶山市第二人民医院公开招聘放射治疗、全科医学专业专业 实用人才报名登记表**

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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）** | | | | |  | | | | | | | | | | | | **是否同意调剂：是□ 否□** | | | | | | | |
| **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** | | | | | | | | |