凉山彝族自治州第一人民医院

招聘工作人员报名登记表

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| **姓名** |  | | | **性 别** | | |  | | **出生年月**  **（年龄）** | | | **年 月**  **（ 岁）** | | | **贴**  **二**  **寸**  **照**  **片** | | |
| **民族** |  | | | **籍 贯** | | |  | | **婚姻状况** | | |  | | |
| **政治面貌** |  | | | **参加工**  **作时间** | | |  | | **报考岗位** | | |  | | |
| **文化**  **程度** | **全日制**  **教 育** | |  | | | **毕业院校**  **及专业** | | |  | | | | | |
| **在 职**  **教 育** | |  | | | **毕业院校**  **及专业** | | |  | | | | | |
| **现工作单位**  **及职务（职称）** | | | |  | | | | | | | | | **有无 编制** | | | |  |
| **身份证号码** | | | |  | | | | | | **联系电话** | | | |  | | | |
| **家庭住址** | | | |  | | | | | | | | | **是否服从调配** | | | |  |
| **受教育经历（中专及以上）** | | **起止时间** | | | **学校名称** | | | **所学专业** | | | **学历** | | | | | **学位** | |
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| **执业资格及取得时间** | | **执业资格 名称** | | | **执业资格 取得时间** | | | **职称资格 名称** | | | **职称资格 取得时间** | | | | | **科研能力 及科研方向** | |
|  | | |  | | |  | | |  | | | | |  | |
| **规范化培训 情况** | | **规培单位 及专业** | | |  | | | | | | **外语情况** | | | | |  | |
| **结业时间 及成绩** | | |  | | | | | | **计算机情况** | | | | |  | |
| **何时何地受过何种奖励处分** | |  | | | | | | | | | | | | | | | |
| **本人 承诺并签名** | | **（手写以下内容：以上信息属实。）**  **年 月 日** | | | | | | | | | | | | | | | |