附件1-1：新郑市公立人民医院医疗医技岗位应聘人员登记表

**编号：**

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| **一、应聘人员基本信息** | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | 性别 | |  | 出生日期 | | |  | | | | | 民族 | | | | |  | | 本人照片 |
| 籍贯 | |  | | | 政治面貌 | | |  | | | 职称 | | | | |  | | | | | | |
| 学历 | |  | | | 所学专业 | | |  | | | 拟从事专业意向 | | | | |  | | | | | | |
| 学位 | |  | | | 身份证号 | | | |  | | | | | | | | | | | | | |
| 取得资格证情况 | | | | |  | | | | | | | 取得执业证情况 | | | | | | |  | | | | |
| 家庭住址 | | |  | | | | | | | | | | | | | | 身高 | | | | |  | |
| 健康状况 | | |  | | | | | | 联系电话 | | | | | | | |  | | | | | | |
| 外语能力（语种/级别） | | | | | |  | | | | | | | 计算机能力/级别 | | | | | | |  | | | |
| **二、教育背景及工作经历【自高中（中专）时期起】** | | | | | | | | | | | | | | | | | | | | | | | |
| 学  习  经  历 | 教育起止时间 | | | 所 在 学 校 | | | | | | 所学专业 | | | | 学历 | | | | 学 位 | | | 学习形式 （全日制\专升本\自考\成教\函授） | | |
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| 工  作  实习  经  历 | 工作起止时间 | | | | 工 作 单 位 | | | | | | | | | | 从事行业 | | | | | | 工作岗位 | | |
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| 科研及论文情况 | | | | | （见刊论文：SCI\中华\核心\国家\省级，题目，第几作者） | | | | | | | | | | | | | | | | | | |
| 个人特长  及获得荣誉 | | | | |  | | | | | | | | | | | | | | | | | | |
| 声明：1、请应聘人员保持电话畅通。网上报名时，“**编号**”暂不填写。 2、所提供信息应准确真实，如有不实取消应聘及录取资格。  签名： | | | | | | | | | | | | | | | | | | | | | | | |