**院徽jpg**

**凉山彝族自治州第一人民医院**

**应聘人员信息登记表**

**填表时间： 年 月 日**

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| **姓 名** |  | | **性 别** | |  | **年 龄** | | | |  | | | | | | **出 生**  **年 月** |  | | | | **近期2寸**  **白底免冠照** | |
| **籍 贯**  **(出生地)** | **省 市州 县区** | | | | | | | | | | | | | | | **民 族** |  | | | |
| **成长地** | **省 市州 县区** | | | | | | | | | | | | | | | **婚 姻**  **状 况** |  | | | |
| **政 治**  **面 貌** |  | **身份证**  **号 码** | | | |  | | | | | | | | | | | | | | |
| **身 高** | **CM** | **体 重** | | | | | **KG** | | | | | **健康状况** | | | | | | |  | |
| **家 庭**  **住 址** |  | | | | | | | | | | | | | | | | | | **家庭电话1** | |  | |
| **通 讯**  **地 址** |  | | | | | | | | | | | | | | | | | | **家庭电话2** | |  | |
| **户 口**  **所在地** |  | | | | | | | | | | **本人联系**  **方 式** | | | | | | | | **电 话：** | | | |
| **邮 箱：** | | | |
| **简 历**  **（中专及以上，含实习等工作经历）** | **起止时间** | | | | **学校名称/工作单位** | | | | | | | | | | **所学专业/职务** | | | | | **学 历** | | **学 位** |
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| **执 业**  **资 格**  **及**  **取 得**  **时 间** | **执师（执助）/护士/技术** | | | | **职称资格及**  **取得时间** | | | | **（初/中/副高/正高）** | | | | | | | | | | **预 计**  **到岗时间** | |  | |
| **年 月 日** | | | | **年 月 日** | | | | | | | | | |
| **全 科**  **医 师**  **规范化培 训** | **规培单位及专业：** | | | | | | | | | | | | | | | | | | **外语等级** | |  | |
| **结业时间及成绩：** | | | | | | | | | | | | | | | | | | **计算机**  **等 级** | |  | |
| **应 聘**  **岗 位** |  | | | | | | | | | | | | | | | | | | **是否愿意**  **调 配** | |  | |
| **获奖及受表彰情 况** |  | | | | | | | | | | | | | | | | | | | | | |
| **家庭成员情况** | **称 谓** | | | **姓 名** | | | | **出生年月** | | | | | **政治面貌** | | | | | **工作单位及职务** | | | | |
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| **备 注** | **提示：资格审查贯穿招聘整个过程，如有弄虚作假，一律取消应聘资格。**  **本人承诺：以上信息真实无误，如有弄虚作假，本人愿承担一切后果和责任。**  **本人签名 ：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | |