**河南大学附属郑州颐和医院应聘人员登记表**

填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | 性 别 | | |  | | | | 出生年月 | | | | |  | | |  |
| 籍 贯 | |  | | 民 族 | | |  | | | | 身 高 | | | | |  | | |
| 政治面貌 | |  | | 婚姻状况 | | |  | | | | 健康状况 | | | | |  | | |
| 第一学历 | | 专业 | | 毕业院校 | | | | | | | 毕业时间 | | | | | 学制 | | | 是否全日制 |
|  | |  | |  | | | | | | |  | | | | |  | | | □是 □否 |
| 最高学历 | | 专业 | | 毕业院校 | | | | | | | 毕业时间 | | | | | 学制 | | | 是否全日制 |
|  | |  | |  | | | | | | |  | | | | |  | | | □是 □否 |
| 医师资格证 | | | □有 □无 | | | 职 称 | | | |  | | | | | 取得职称时间 | | | |  |
| 规培证 | | | □有 □无 | | | 英语水平 | |  | | | | 特长及爱好 | | | | | |  | |
| 身份证号码 | | |  | | | | | | 常用邮箱 | | | |  | | | | | | |
| 应聘职位 | | |  | | 最快到岗时间 | | | |  | | | | 联系电话 | | | |  | | |
| 工作及进修经历 | 起止时间 | | | 实习/工作/进修单位 | | | | | | | | | | 科室/职位 | | | | | |
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|  | | |  | | | | | | | | | |  | | | | | |
| 专业擅长或行业荣誉 |  | | | | | | | | | | | | | | | | | | |
| 填表人应如实填写其基本情况，凡所填写的内容不实，责任自负。  **本人签名:**   **日期:** | | | | | | | | | | | | | | | | | | | |