山东省公共卫生临床中心公开招聘报名登记表

**应聘专业及岗位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | | | |  | | 性别 | | | |  | | 出生年月 | | | | |  | | | | 一  寸  彩  色  照  片 | | |
| 政治面貌 | | | |  | | 民族 | | | |  | | 籍贯 | | | | |  | | | |
| 身份证号 | | | |  | | | | | | | | 学历  学位 | | | | |  | | | |
| 职 务 | | | |  | | | | | | | | 毕业时间 | | | | |  | | | |
| 移动电话 | | | |  | | | | | | | | E-mail | | | | |  | | | | | | |
| 教育背景 | 起止年月 | | | | 学位 | | | 毕业院校及系院 | | | | | | | | 所学专业/导师 | | | | 研究方向 | | | |
|  | | | | 硕士 | | |  | | | | | | | |  | | | |  | | | |
|  | | | | 本科 | | |  | | | | | | | |  | | | |  | | | |
|  | | | | 专科 | | |  | | | | | | | |  | | | |  | | | |
| 是否具有医师资格证 | | | | | | | |  | | | | | 是否具有住院医师规范化培训合格证书 | | | | | | | | |  |
| 备注 | | | |  | | | | | | | | | | | | | | | | | | |
| 工作经历 | 起止年月 | | | | 工作单位 | | | | | | | | | | | | | | | | | 职称（职务） | |
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| 配偶情况 | | | 姓名 | |  | | 年龄 | | | |  | | 学历 | |  | | | 工作  单位 |  | | | | |
| 科研项目及发表论文等情况 |  | | | | | | | | | | | | | | | | | | | | | | |
| 获奖情况 |  | | | | | | | | | | | | | | | | | | | | | | |
| 其它 |  | | | | | | | | | | | | | | | | | | | | | | |
| **本人郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确。对因提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相关责任。**  **应聘人员签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | | **审查人： 年 月 日** | | | | | | | | | | | | | | | | | | | | | |

**注：栏目如无信息请填写“无”；“获奖情况”请填写校级以上获奖；本表正翻页打印。**

山东省公共卫生临床中心组织人事处制