**上海交通大学医学院附属新华医院科室负责人应聘报名表**

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| **姓名** | |  | | | | **性别** |  | | **出生年月日** | |  | | | **照片** | |
| **籍贯** | |  | | | | **民族** |  | | **政治面貌**  **（时间）** | |  | | |
| **工作单位**  **及部门** | |  | | | | | | | | | | | |
| **现任职务** | | | | | |  | | | | | **专业技术职务** | | |  | |
| **最后毕业院校及专业** | | | | | |  | | | | | **学历** |  | | **学位** |  |
| **联系电话** | | |  | | | | **手机** | |  | | **电子信箱** | |  | | |
| **通信地址** | | |  | | | | | | | | **邮政编码** | |  | | |
| **应聘岗位** | | | | | |  | | | | | | | | | |
| **学习和工作简历：** | | | | | | | | | | | | | | | |
| **家**  **庭**  **主**  **要**  **成**  **员**  **及**  **重**  **要**  **社**  **会**  **关**  **系** | **称谓** | | | **姓名** | **出生**  **年月** | | | **政治**  **面貌** | | **工作单位及职务** | | | | | |
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| **学术团体及社会兼职情况：** | | | | | | | | | | | | | | | |
| **主要工作业绩及获奖情况：**  **本人签名：**  **填表日期：** | | | | | | | | | | | | | | | |

注：表格空间不够可调整扩展。