附件2

河南第三人民医院 河南省职业病医院

应聘人员报名登记表

**应聘岗位**：              **专业**：

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| **一、申请人基本信息** | | | | | | | | | | | | | | | | | | |  |
| 姓名 | |  | | 性别 |  | | | 出生年月 | |  | | | | | 籍贯 |  | | | 本人照片 |
| 职称 | |  | | 政治面貌 | | | |  | | 身份证号 | | |  | | | | | |
| 第一学历 | | |  | 最高学历 | | | |  | | 学 位 | | |  | | | | | |
| 婚姻状况 | | |  | 技术职称及取得时间 | | | | | | | |  | | | | | | | |
| 从事专业 | | |  | | | 电子信箱 | | |  | | | | | | 联系电话 | |  | | |
| **二、学习及工作简历（自高中起）** | | | | | | | | | | | | | | | | | | | |
| 学  习  经  历 | 起止时间 | | | 所 在 学 校 | | | | | | | | | | 专 业 | | | | 学历、学位 | |
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| 工  作  简  历 | 起止时间 | | | 所 在 单 位 | | | | | | | | | | 从事专业 | | | | 职称、职务 | |
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| 英语等级 | | | |  | | | 执业医师专业类别 | | | |  | | | 是否取得规培证书 | | | |  | |
| 发表论文、论著、开展科研课题情况 | | | |  | | | | | | | | | | | | | | | |
| 个人专业特长介绍 | | | |  | | | | | | | | | | | | | | | |
| 个人声明：本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。  本人签名： | | | | | | | | | | | | | | | | | | | |