宜都市医共体招聘求职人员登记表

报考单位： 联系方式：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 |  | | | 出生年月 |  | 民族 | |  | | 贴照片处 | |
| 籍贯 | |  | | | 身份证号 | | | |  | | | | | |
| 婚姻状况 | |  | | | 培养方式(统招、自修、成教等) | | | | | |  | | | |
| 报考单位 | | |  | | | | | | | 报考岗位 |  | | | |
| 外语等级、通过时间 | | | | | |  | | | | | 录取批次(一本\二本\三本\高职高专) | | | | |  |
| 执业证情况(通过、部分通过、未报考、已报考等) | | | | | |  | | | | | 求职意向 | | | | |  |
| 家庭住址 | | | |  | | | | | | | 是否服从安排 | | | | |  |
| 现工作单位（应届生不填） | | | | | | |  | | | | 技术职称 | | |  | | |
| 是否参加住院医师规范化培训 | | | | | | |  | | | | 规培方向 | | |  | | |
| 专业学历 | | | | 毕业时间 | | | | 毕业学校 | | | | 所学专业 (专业方向) | | | | 学制 |
| 第一学历（ ） | | | |  | | | |  | | | |  | | | |  |
| 最高学历（ ） | | | |  | | | |  | | | |  | | | |  |
| 个人简历(从初中至今) | 起止时间 | | | | | | | 学习或工作单位 | | | | | | 任何职 | | |
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| 获奖情况 |  | | | | | | | | | | | | | | | |
| 现工作单位意见 | 年 月 日（盖章） | | | | | | | | | | | | | | | |

以上内容填写均与所持证书原件为准，如有弄虚作假，一经查实，将取消录用资格。

相关佐证材料（证件图片等）

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| 身份证正面 | **（学信网）学籍在线验证报告** |

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| --- | --- |
| 毕业证 | 学位证 |

|  |  |
| --- | --- |
| 资格证A面 | 资格证B面 |

|  |  |
| --- | --- |
| 执业证A面 | 执业证B面 |