成都市青白江区人民医院集团

求职报名表

应聘单位： 应聘岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 |  | | 身份  证号 | | |  |  |  | |  |  |  | |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |
| 性 别 |  | | 出生年月日 | | | | | |  | | | | | | | | 周岁 | | | | |  | | | | | |
| 婚姻状况 |  | | 政治面貌 | | | | | |  | | | | | | | | 体重 | | | | |  | | | | | |
| 学历 |  | | 特长、爱好 | | | | | |  | | | | | | | | 身高 | | | | |  | | | | | |
| 学位 |  | | 毕业院校 | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 毕业时间 | |  | | | 所学专业 | | | | | | | |  | | | | | | | | 是否全日制教育 | | | | | | |  | |
| 专业技术职称及取得时间 | |  | | | 何时取得何种执业资格 | | | | | | | | | | | |  | | | | | | | | | | | | |
| 家庭详细地址 | |  | | | | | | | | | | | | | | | 联系电话 | | | | | | |  | | | | | |
| 工  作  经  历 | | 起止时间 | | 单位 | | | | | | | | | | | | | 职 务 | | | | | | | 是否存在医疗纠纷及责任事故 | | | | | 证明人 |
|  | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  |
|  | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |  |
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| 获奖  情况 | | 名 称 | | 发证单位 | | | | | | | | | | | | | 发证时间 | | | | | | | 奖励层次 | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | |  | | | | | |
| 是否曾患有  重大疾病 | | □**否 □是 患病种类：** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 目前工作状态 | | □有工作 □待业 □应届毕业生 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 到岗时间 | | □随时 □3天内 □1周内 □1月内 | | | | | | | | | | | | | | | | | | | | | | | | | | | |

本人郑重承诺：以上填写、提交的信息材料均为真实有效，如提供虚假信息，一切后果自负！

承诺人签字：