**浙大邵逸夫阿拉尔医院应聘报名表**

应聘科室及岗位： 岗位类别：□医生 □技师 □护理 □药剂

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| **姓名** |  | | | | | **性别** | | | | |  | | | | **民族** | | | |  | | | **出生日期** | | | |  | | | | | **近期免冠照** | | |
| **政治面貌** | |  | | | | **年龄** | | | | |  | | | | **身份证号** | | | |  | | | | | | | | | | | |
| **外语等级** | |  | | | | **普通话等级** | | | | | | |  | | | | | | **可到岗时间** | | | | | | |  | | | | |
| **有无执业证** | | |  | | | **执业证取得时间** | | | | | | |  | | | | | | **婚姻状态** | | | | | | |  | | | | |
| **最高学历/学位** | | |  | | | | | | **全日制/**  **非全日制** | | | | | | |  | | | | | **毕业学校及专业** | | | | | | |  | | | | | |
| **最高专业技术资格名称** | | |  | | | | | | **专业技术资格范围** | | | | | | |  | | | | | **专业技术资格取得时间** | | | | | | |  | | | | | |
| **有无规培证** | | |  | | | | | | **规培方向** | | | | | | |  | | | | | **规培证取得时间** | | | | | | |  | | | | | |
| **通讯方式** | **户籍地址** | | | |  | | | | | | | | | | | | | | | **现居地址** | | | | |  | | | | | | | | |
| **电话** | | | |  | | | | | | | | | | | | | | | **邮箱** | | | | |  | | | | | | | | |
| **紧急联系人及电话** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **身体**  **状况** | **身高/cm** | | | **体重/kg** | | | | | | **血型** | | | | | | | **健康状况** | | | | | | | **传染病史** | | | | | | | **重大手术/疾病史** | | |
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| **家庭情况**  (父母、兄弟姐妹、配偶、子女) | **姓名** | | | | | | **关系** | | | | | | | **工作单位及职务** | | | | | | | | | | | | | | | | | **所在地** | | |
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| **教育简历**  (自小学起填) | **起止年月** | | | | | | **毕业学校**(自小学起填) | | | | | | | | | | | **专业** | | | | | | | | | **学历/**  **学位** | | | **全日制**  **/非全** | | | **导师** |
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| **实习、规培、全职工作简历** | **起止年月** | | | | | | **实习/全职** | | | | | **工作单位** | | | | | | | | | | | **科室** | | | | | | **岗位/职务** | | | **证明人**  **及电话** | |
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| **已发表代表性成果** | **学术刊物名称及年份** | | | | | | **论文、著作、专利等名称** | | | | | | | | | | | | | | | | **期刊来源**  （EI、SCI等） | | | | | | | | | **本人排名** | |
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| **科研项目 情况** | **项目时间** | | | | | | **项目名称** | | | | | | | | | | | | | | | | **批准单位**(国家/省部/兵团/厅局/师市/院级) | | | | | | | | | **主持或参与**  (排名) | |
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| **获奖情况** | **获奖时间** | | | | | | **奖项名称** | | | | | | | | | | | | | | | | **授予单位**(国家/省部/兵团/厅局/师市/院级) | | | | | | | | | **本人排名** | |
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| **个人评价/其它补充** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **应聘人承诺** | 本人严谨声明，上述所填一切属实，否则一票否决，并愿接受医院无条件解除劳动关系处理和“职业行为不健康”评价，并个人承担因此导致的一切后果或责任。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **填表日期** | | | | | | |  | | | | | | | | | | | | **应聘人签名** | | | | | |  | | | | | | | |

**注：报名表尽量调整为两页、**