**淮安市第一人民医院高层次人才应聘报名表**

**应聘科室：**

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| 姓 名 | | | |  | | | | 性别 | | |  | | 出生年月 | | | |  | | | | 一  寸  彩  色  照  片 | | |
| 政治面貌 | | | |  | | | | 民族 | | |  | | 籍贯 | | | |  | | | |
| 身份证号 | | | |  | | | | | | | | | 学历  学位 | | | |  | | | |
| 职务 | | | |  | | | | | | | | | 毕业时间 | | | |  | | | |
| 应聘岗位名称 | | | | **🞎 学科带头人 🞎 博 士** | | | | | | | | | 意向科室 | | | |  | | | | | | |
| 外语水平 | | | |  | | | | | | | | | 是否同意调剂 | | | |  | | | | | | |
| 移动电话 | | | |  | | | | | | | | | E-mail | | | |  | | | | | | |
| 教育  背景 | 起止年月 | | | | | 学位 | | | 毕业院校 | | | | | | 所学专业及导师 | | | | | 研究方向 | | | |
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| 海外留学经历 | | | | | |  | | | | | | | | | | | | | | | | | |
| 是否具有医师资格证书 | | | | |  | | 是否具有中级及以上  专业技术职务资格证书 | | | | | | | |  | | | 是否参加住院医师规培  并取得合格证 | | | | |  |
| 工作  经历 | 起止年月 | | | | | 工作单位 | | | | | | | | | | | | | | | | 职称（职务） | |
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| 配偶情况 | | | 姓名 | | |  | | | | 年龄 | |  | | 学历 | |  | | 工作  单位 |  | | | | |
| 科研项目及发表论文等情况 |  | | | | | | | | | | | | | | | | | | | | | | |
| 获奖情况 |  | | | | | | | | | | | | | | | | | | | | | | |
| 其它 |  | | | | | | | | | | | | | | | | | | | | | | |
| **本人郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确。对因提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相关责任。**  **应聘人员签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查意见 | | **审查人： 年 月 日** | | | | | | | | | | | | | | | | | | | | | |

**注：栏目如无信息请填写“无”；“获奖情况”请填写校级以上获奖；本表正翻页打印。**