**承德医学院附属医院选聘工作人员登记表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | 性别 | | |  | | | 出生年月 | | |  | | | | | 照片 | | |
| 籍贯 |  | | | | | 民族 | | |  | | | 政治面貌 | | |  | | | | |
| 身份证号 | | |  | | | | | | 婚姻 | | |  | 健康状况 | | | | |  | |
| 现学历学位 | | | |  | | | 所学专业 | | |  | | | | 学制 | | | |  | |
| 毕业学校 | | | |  | | | | | | 是否全日制 | | | |  | | | | 毕业时间 | | | |  |
| 是否具有执业资格 | | | |  | | | | 外语水平 | | |  | | | | | 计算机水平 | | | |  | | |
| 申报岗位 | | | |  | | | | 联系电话 | | |  | | | | | 电子邮箱 | | |  | | | |
| 学习经历 | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间（高中起） | | | | | 学校名称 | | | | | | | | | | | | 所学专业 | | | | 毕业时间 | |
|  | | | | |  | | | | | | | | | | | |  | | | |  | |
|  | | | | |  | | | | | | | | | | | |  | | | |  | |
|  | | | | |  | | | | | | | | | | | |  | | | |  | |
| 工作（实习）经历 | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | 医院名称 | | | | | | | | | | | | 所在科室 | | | | | |
|  | | | | |  | | | | | | | | | | | |  | | | | | |
|  | | | | |  | | | | | | | | | | | |  | | | | | |
|  | | | | |  | | | | | | | | | | | |  | | | | | |
| 获奖情况 | |  | | | | | | | | | | | | | | | | | | | | |
| 导师简介 | |  | | | | | | | | | | | | | | | | | | | | |
| 课题  及  发表  论文 | |  | | | | | | | | | | | | | | | | | | | | |
| 本人郑重承诺上述所填个人信息内容属实。  签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | |