九江学院附属口腔医院应聘人员报名表

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| **姓名** | |  | **性别** | |  | | **民族** |  | **籍贯**  **(市+县区)** | |  | **照片** | |
| **申报岗位及代码** | |  | | | | | **预计入职时间** | |  | | |
| **出生年月**  **(6位数字)** | |  | **健康情况** | |  | | **婚姻情况** |  | **身高** | |  |
| **是否为**  **应届生** | |  | **职称** | |  | | **取得时间** |  | **政治**  **面貌** | |  |
| **参加**  **工作时间** | |  | **违法违纪**  **情况** | |  | | **规培情况** | |  | | | | |
| **身份证**  **号码** | |  | | | | | **现居住地址** | |  | | | | |
| **手机号** | |  | | | | | **电子邮箱** | |  | | | | |
| **导师及**  **研究方向** | |  | | | | | **自身研究方向**  **及特长** | |  | | | | |
| **学习简历**  **从**  **高中**  **开始填报** | **学历** | **学位** | **入学年份** | **毕业年份** | | **毕业学校** | | | | **专业** | | **是否**  **全日制** | **证明人** |
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| **工作经历** |  | | | | | | | | | | | | |
| **科研**  **&**  **获奖情况** |  | | | | | | | | | | | | |
| **个人承诺** | **本人郑重承诺：认真履行应聘人员义务，诚实守信。本人所提供的个人信息、证件证明资料等相关材料真实、准确。对因提供有关不实信息或违反有关纪律规定所造成的后果，本人自愿承担相关法律责任。**    **应聘人员签名：**  **年    月    日** | | | | | | | | | | | | |