**附件2：**

保定市人民医院2024年公开招聘工作人员报名资格审查表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **一、申请人基本信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | |  | | | | 性别 | | |  | | 出生日期 | | | |  | | | | | | | | | 民族 | | | |  | |  |
| 籍贯 | |  | | | | | | 政治面貌 | | | |  | | | 身高 | | | |  | | | 特长 | | | | |  | | |
| 学历 | |  | | | 学位 | | |  | | | | | 学制 | | | |  | | | | 外语等级 | | | | |  | | | |
| 毕业时间 | | |  | | | | 所学专业 | | |  | | | | 毕业院校 | | | |  | | | | 是否“双一流”院校 | | | | | | □是  □否 | |
| 是否取得资格证 | | | | | □是□否 | | | 取得资格证名称 | | | | | | | |  | | | | | | 取得资格证时间 | | | | | | |  | |
| 是否取得执业证 | | | | | □是□否 | | | 取得执业证名称 | | | | | | | |  | | | | | | 取得执业证时间 | | | | | | |  | |
| 是否规培 | | | | | □是□否 | | | 规培地点 | | | | | | | |  | | | | | | 规培起止时间 | | | | | | |  | |
| 是否取得规培证 | | | | | □是□否 | | | 规培专业 | | | | | | | |  | | | | | | 报到证 | | | | | | | □是□否 | |
| 家庭住址 | | | |  | | | | | | | | | | | | 身份证号 | | | | | | | | |  | | | | | |
| 健康状况 | | | |  | | | | | | | | | | | | 联系电话 | | | | | | | | |  | | | | | |
| **二、教育背景及工作经历（自高中时期起）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 学  习  经  历 | 教育起止时间 | | | | | | | 所在学校 | | | | | 所学专业 | | | | | | | 学历 | | | 学位 | | | | 学习形式（全日制\专升本\自考\成教\函授） | | | |
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| 工  作  实习  经  历 | 工作起止时间 | | | | | | | 工作单位 | | | | | | | | | | | | 从事行业 | | | | | | | 工作岗位 | | | |
|  | | | | | | |  | | | | | | | | | | | |  | | | | | | |  | | | |
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| 科研及论文情况 | | | | | | | | 请注明刊物级别、题目、第几作者。 | | | | | | | | | | | | | | | | | | | | | | |
| 声明：1、招聘期间保持电话畅通。  2、本人保证以上所填信息及提供的所有应聘材料真实可信，如有虚假、不实情况，同意医院在任何时  间段有权取消本人录用资格或解除聘用合同。  本人签名： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查结果：  审查人： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |