广州市花都区人民医院 编外招聘报名表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | | **性别** |  | **应聘岗位** | |  | | 蓝底免冠近照 |
| **身份证号码** | |  | | | | | **出生日期** | |  | |
| **婚否** | |  | | | **民族** |  | **政治面貌** | |  | |
| **户口所在地** | |  | | | | | **籍贯** | |  | |
| **家庭住址** | |  | | | | | | | | |
| **移动电话** | |  | | | | | **个人邮箱** | |  | | |
| **学历**  **经历** | **时间** | | | **学校名称** | | | | | **学历/学位** | | **专业** |
|  | | |  | | | | |  | |  |
|  | | |  | | | | |  | |  |
|  | | |  | | | | |  | |  |
|  | | |  | | | | |  | |  |
| **工作**  **简历** | **时间** | | | **单位名称** | | | | | **工作岗位** | | **工作内容** |
|  | | |  | | | | |  | |  |
|  | | |  | | | | |  | |  |
|  | | |  | | | | |  | |  |
|  | | |  | | | | |  | |  |
| **在职**  **学习**  **培训**  **经历** | **时间** | | | **学校或者单位** | | | | **培训内容** | | | **取得证件名称** |
|  | | |  | | | |  | | |  |
|  | | |  | | | |  | | |  |
|  | | |  | | | |  | | |  |
|  | | |  | | | |  | | |  |
| **专业技术情况** | **取得时间** | | | **发证机关** | | | | | | **职称级别** | **职称名称** |
|  | | |  | | | | | |  |  |
|  | | |  | | | | | |  |  |
|  | | |  | | | | | |  |  |
|  | | |  | | | | | |  |  |
|  | | |  | | | | | |  |  |
| **执业资格情况** | **取得时间** | | | **发证机关** | | | | | | **执业范围/类别** | **职称名称** |
|  | | |  | | | | | |  |  |
|  | | |  | | | | | |  |  |
|  | | |  | | | | | |  |  |
| **家庭**  **成员** | **姓名** | | **出生年月** | | | **关系** | | **工作单位及职务/学校** | | | **联系电话** |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
|  | |  | | |  | |  | | |  |
| **主要科教研业绩及贡献** |  | | | | | | | | | | |
| **公开发表论文及著作** |  | | | | | | | | | | |
| **自我介绍** | 包含个人工作或在校期间的各方面能力情况、获奖情况、个人性格等。 | | | | | | | | | | |
| **本人承诺保证以上登记内容确保属实，如有虚假，后果自负。**  **填表人签名**：  **填表时间**：2025年 月 日 | | | | | | | | | | | |

注：附件扫描件材料需含个人身份证正反面、现已取得所有学历学位证书、最高学历学位验证报告（学信网）、现在读学历学籍备案表（学信网）、已取得专业技术资格证（今年考试提交成绩单）、执业证、规培证（今年考试提交成绩单或规培证明）、规培方向证明、毕业生推荐表等（根据个人实际情况准备）