## **河南科技大学第一附属医院应聘人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | | 性别 | |  | 出生年月 | |  | | 民族 | |  |
| 婚否 | |  | | 籍贯 | | |  | | 身份证号 | |  | | | | |
| 政治面貌 | |  | | | | 学位类别 | | | 专业型🞎/学术型🞎 | | | | | | |
| 应聘科室 | |  | | | | | | | | | | | | | |
| 第一学历 | | 学位 | | | 毕业院校 | | | | | 专业 | | | | 毕业时间 | |
|  | |  | | |  | | | | |  | | | |  | |
| 最高学历 | | 学位 | | | 毕业院校 | | | | | 专业 | | | | 毕业时间 | |
|  | |  | | |  | | | | |  | | | |  | |
| 联系电话 | | |  | | | | | | 邮箱 | | |  | | | |
| 已获资格证 | | |  | | | | | | 规培证 | | | 已取得🞎/毕业时取得🞎 | | | |
| 学  习  经  历 | （自高中起） | | | | | | | | | | | | | | |
| 专  业  技  能 | （说明：临床技能：临床专业知识、专业技能的掌握情况；科研能力：科研相关技能掌握情况） | | | | | | | | | | | | | | |
| 备注 | 本人承诺上述信息属实，如有虚假填写，本人承担所有责任。 | | | | | | | | | | | | | | |

|  |
| --- |
|  |