附件

西南医科大学校医院医师岗应聘报名表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** | |  | **出生日期** |  | **粘贴电子**  **相片**  **(电子版)** |
| **籍贯** |  | **政治面貌** | |  | **身份证号** |  |
| **学历学位** |  | **毕业学校** | |  | **所学专业** |  |
| **联系电话** |  | | | | **联系邮箱** |  | |
| **报考岗位** |  | | | | | | |
| **学习简历** | **（从本科起填）** | | | | | | |
| **工作简历** |  | | | | | | |
| **获奖情况** |  | | | | | | |
| **科研业绩** |  | | | | | | |
| **家庭**  **主要**  **成员** | **姓名** | | **与本人关系** | | **工作单位** | | |
|  | |  | |  | | |
|  | |  | |  | | |
|  | |  | |  | | |
| **个人**  **自荐** | **（不超过500字）** | | | | | | |

注：请将各类支撑材料扫描或者拍照后与本表一同**打包**发邮箱，以便资格审查。