**山东中医药大学第二附属医院应聘人员信息登记表**

**报考岗位：**

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| 姓名 | |  | | | | | | 性别 |  | | | 学历/学位 | | | |  | | | | | | 一寸照片 | | |
| 籍贯 | |  | | | | | | 婚况 |  | | | 专业 | | | |  | | | | | |
| 政治面貌 | |  | | | | | | 民族 |  | | | 研究方向 | | | |  | | | | | |
| 出生年月 | |  | | | | | | 联系电话 | | | | | |  | | | | | | | |
| 是否在职 |  | | | | | | 身份证号码 | | |  | | | | | | | 是否有违法行为 | | | | | |  | |
| 最高学历毕业学校 | | | | | |  | | | | | | | | 导 师 | | | | | 硕士阶段 | | | | |  |
| 博士阶段 | | | | |  |
| 外语语种 | |  | | | | 外语水平 | | | | |  | | | 电子邮箱 | | | | |  | | | | | |
| **教育经历（从高中毕业后学历开始填写）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | 学校名称 | | | | | | | | | | 专业 | | | | | | | 学历/学位 | | | | |
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| **工作经历** | | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | 工作单位科室 | | | | | | | | | | | | | | | | | 职务/职称 | | | | |
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| **论文论著（可自行加行）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | | 题目 | | | | | | | | | | | 位次（n/N） | | | | | | 期刊/出版社（SCI请注明影响因子） | | | |
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| **参与科研情况（可自行加行）** | | | | | | | | | | | | | | | | | | | | | | | | |
| 时间 | | | | | 课题名称 | | | | | | | | | | 立项部门 | | | 位次（n/N） | | | 承担任务 | | | |
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| 本人承诺：所提供的个人信息和证明材料真实准确，对因提供有关信息、证件不实或不能按期毕业并获得岗位要求学历学位证书等情况造成的后果，责任自负。  **本人签字： 日期：** | | | | | | | | | | | | | | | | | | | | | | | | |