报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** | |  | | | **出生年月**  **及年龄** | | **年 月**  **周岁** | | | | **性别** | |  | | | | **1寸近期**  **彩色照片** | | | |
| **政治**  **面貌** | |  | | | **民族** | |  | | | | **婚姻**  **状况** | |  | | | |
| **籍贯** | | **省 市** | | | **现户籍**  **所在地** | | **省 市** | | | | **外语语种**  **及等级** | |  | | | |
| **参加工作时间** | | | **年 月** | | | | | | **身份证号码** | |  | | | | | |
| **现专业技术职称** | | |  | | | | | | **取得时间** | | **年 月** | | | | **聘任时间** | | | **年 月** | | |
| **现工作单位** | | |  | | | | | | **现从事专业** | |  | | | | **单位级别** | | |  | | |
| **是否取得**  **执业证** | | |  | | | | | | **是否**  **规培** | |  | | | | **联系电话** | | |  | | |
| **学**  **习**  **经**  **历** | **阶段** | **毕业院校** | | | | **起止时间** | | | | | **学历** | **学位** | | **专业** | | **研究方向** | | | **取得方式**  **全日制/在职** | |
| **博士** |  | | | |  | | | | |  |  | |  | |  | | |  | |
| **硕士** |  | | | |  | | | | |  |  | |  | |  | | |  | |
| **本科** |  | | | |  | | | | |  |  | |  | |  | | |  | |
| **专科** |  | | | |  | | | | |  |  | |  | |  | | |  | |
| **高中** |  | | | |  | | | | |  |  | |  | |  | | |  | |
| **工**  **作**  **经**  **历** | **起止时间** | | | | | **工作单位** | | | | | | **从事专业** | | | | **职称** | | | **职务** | |
| **年 月至 年 月** | | | | |  | | | | | |  | | | |  | | |  | |
| **年 月至 年 月** | | | | |  | | | | | |  | | | |  | | |  | |
| **年 月至 年 月** | | | | |  | | | | | |  | | | |  | | |  | |
| **家**  **庭**  **成**  **员** | **关系** | | | **姓名** | | | | **出生年月** | | **联系电话** | | | | **工作单位及职务** | | | | | | **备注** |
|  | | |  | | | |  | |  | | | |  | | | | | | **含父母、配偶及子女信息** |
|  | | |  | | | |  | |  | | | |  | | | | | |
|  | | |  | | | |  | |  | | | |  | | | | | |
|  | | |  | | | |  | |  | | | |  | | | | | |
| **本人签字： 时间：** | | | | | | | | | | | | | | | | | | | | |

山东省立第三医院人力资源部制