深圳市第二人民医院应聘报名表

**应聘职位： 填表日期: 年 月 日**

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| **基本信息** | | | | | | | | | | | | 上传相片(一寸免冠正面) | |
| 姓 名 |  | 性 别 | |  | | 出生日期 | | | 年 月 | | |
| 籍 贯 |  | 健康状况 | |  | | 身 高 | | | CM | | |
| 文化程度 |  | 专 业 | |  | | 联系电话1 | | |  | | |
| 身份证号码 |  | | | | | 联系电话2 | | |  | | |
| 婚育状况 | 婚否：1、是□ 2、否□ | | | | 育否： 1、是□ 2、否□ | | | | | | |
| 通讯地址 |  | | | | | | | Email（邮箱） | | |  | | |
| **教育经历（从高中或中专开始填写）** | | | | | | | | | | | | | |
| 起始时间 | 终止时间 | | 所在学校 | | | | 专业 | | | 学历（学位） | | | 全日制（是/否） |
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| **工作经历** | | | | | | | | | | | | | |
| 起始时间 | 终止时间 | | 所在单位 | | | | | | | 所在科室 | | | |
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| **专业技术职务名称及聘任时间（从高到低）** | | | | | |
| 专业技术资格名称 | 取得时间 | 聘任时间 | | 聘任单位 | |
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| **证书相关信息（医疗和护理人员填写）** | **专业技术资格名称** | **取得时间** | **执照注册时间和范围** | | **执业地点** |
| **专业**  **资格** |  | **时间：**  **范围：** | |  |
| **科研**  **课题** |  | | | | |
| **科研**  **论著** |  | | | | |
| **所获**  **奖励（特长）** |  | | | | |
| **本人声明** | 本人所填写上述内容真实，如有虚假，本人愿承担相应法律责任。  本人签名： | | | | |

备注：随本报名表请附身份证、学位及学历证书（含起始学历）、专业技术资格证书、护士执业证书（含执业地点及发证时间）等相关证书扫描件。未附者，一律不受理。