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| **应聘意向**  （填写后一般不可更改） | | | | | | (科室) 岗位 | | | | | | | | | | | 照片 |
| **姓 名** | | |  | | **性别** | |  | | **出生年月** | |  | | | **籍贯** |  | |
| **政治面貌** | | |  | | **民族** | |  | | **婚育状况** | |  | | | **学历学位** |  | |
| **毕业院校** | | |  | | **专业** | |  | | **毕业时间** | |  | | | **是否全日制** |  | |
| **身份证号** | | |  | | | | | | **E-mail** | |  | | | **手机** |  | | |
| **联系地址** | | |  | | | | | | **家庭地址** | | |  | | | | | |
| **执业资格、取得时间** | | | | |  | | | | | **专业技术资格、取得时间** | | | | |  | | |
| **医师必填** | **是否完成住院医师规范化培训** | | | | □已规培 □规培中 □未规培 | | | | | **规培方向** | | | | |  | | |
| **规培主要培训单位** | | | |  | | | | | **规培完成/预计完成时间** | | | | |  | | |
| **家庭主要成员**  **情况** | | **称谓** | | | **姓 名** | | | **工 作 单 位** | | | | | **备 注** | | | | |
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| **学习**  **简历**  （从高中起） | | **阶段** | | **起 止 年 月** | | | | **学校名称** | | | | | | | **专业名称及类型**  **（学术型/专业型）** | | |
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| **实习/工作**  **简历** | | **阶段** | | **起 止 年 月** | | | | **单位名称** | | | | | **职务/岗位** | | | **证明人** | |
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| **奖惩、业绩等重要情况** | |  | | | | | | | | | | | | | | | |
| **备注** | | **本人保证：**本人已如实填写并提供应聘材料，不存在弄虚作假或隐瞒等情形，本人身体健康，未隐瞒心理疾病、精神病、传染病、其他既往病史、犯罪记录及被法院列入失信被执行人等情形，否则一经查实，视为不符合录用条件，自动丧失应聘资格。如已录用后发现的，则贵院有权立即解除合同，本人对此已完全知晓并认可。 **本人签字：** 时间： 年 月 日 | | | | | | | | | | | | | | | |