**安钢总医院**

**2022年应聘人员资格审查表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | | | | |  | 出生年月 | |  | | | | | | | **照片** | |
| 籍贯 | |  | | | 政治面貌 | | | | |  | 婚否 | |  | | | | | | |
| 育否 | |  | | | | | | |
| 英语级别 | |  | | | 计算机级别 | | | | |  | 身高 | | cm | | | | | | |
| 体重 | | kg | | | | | | |
| 执业、资格证书及取得时间 | | | |  | | | | | |  | 身份证号 | | | |  | | | | | | |
| 是否取得规培证 | | | |  | | | | | |  | 意向科室 | | | |  | | | | | | |
| 最高学历 | | | |  | | | | 最高学历性质（985、211、普通） | | | | | | |  | | | | | | |
| 所学专业 | | | |  | | | | Email | | | |  | | |  | | | | | |  |
| 联系电话 | | | |  | | | | 微信 | | | |  | | | | | | | | | |
| 学习简历  （高中起） | | | | 入学时间 | | 毕业时间 | | | | 学历 | | 学校名称 | | | | | | 所学专业及方向 | | | |
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| 实习或工作经历 | | | | 起始日期 | | 终止日期 | | | | 所在单位 | | | | | | 从事工作 | | | | | |
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| 专业发展  （在校发表论文  、参与科研等情  况） | | | |  | | | | | | | | | | | | | | | | | |
| 毕业论文题目、  导师 | | |  | | | | | | | | | | | | | | | | | | | |
| 大学期间担任职  务 | | |  | | | | | | | | | | | | | | | | | | | |
| 大学期间参与社  团活动 | | |  | | | | | | | | | | | | | | | | | | | |
| 大学期间获得荣  誉 | | |  | | | | | | | | | | | | | | | | | | | |
| 性格特点 | | |  | | | | | | | | | | | | | | | | | | | |
| 有何特长 | | |  | | | | | | | | | | | | | | | | | | | |
| 申报人签名 | | | 我本人对填写内容的真实性负责，如出现与事实不符的情况，将承担一切后果 | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | 签字： | | | | |  | | | |
| 日 期 | | | | |  | | | |
| 资格审  查意见 |  | | | | | | 考试及  面试结  果 | |  | | | | | 院党委  意见 | | |  | | | | | |
| 年 月 日 | | | | | |
| 年 月 日 | | | | | | 年 月 日 | | | | |
| 备注 | | |  | | | | | | | | | | | | | | | | | | | |

**注：文档以“姓名+专业”命名。**