附件3

威海市市属公立医院2021年公开招聘高层次人才报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | 性别 |  | | 民族 |  | | | | 籍贯 | |  | | | | 照片 |
| 身份证号 | | |  | | | | | | | | 政治面貌 | | |  | | | |
| 大学毕业时间及院校 | | | |  | | | | | 所学专业 | | | |  | | | | |
| 硕士研究生毕业时间及院校 | | | |  | | | | | 所学专业 | | | |  | | | | |
| 博士研究生毕业时间及院校 | | | |  | | | | | 所学专业 | | | |  | | | | |
| 执业医师资格证书取得时间 | | | |  | | 执业医师注册专业 | | | |  | | | | | 专业技术资格 |  | | |
| 报考岗位 | | 医 院 | | | | | | | | | | | | | 岗位 | | | |
|  | | | | | | | | | | | | |  | | | |
| 是否愿意调配至其他医院：是□ 否□ | | | | | | | | | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | 联系电话 | | | |  | |
| 获奖情况 | |  | | | | | | | | | | | | | | | | |
| 工作经历 | |  | | | | | | | | | | | | | | | | |
| 本人承诺：  以上信息真实、准确。如有虚假，本人愿意承担相应的责任。  本人签名： 日期： | | | | | | | | | | | | | | | | | | |
| 资格审核意见 | |  | | | | | | | | | | | | | | | | |