**重庆市公卫中心应聘人员登记表**

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| **应聘职位(科室+岗位)** | | | | | | |  | | | | | | | | | **填表日期** | | |  | | | | | | | 照片 | |
| 姓 名 |  | | | | | | 出生年月 | | | | |  | | | | 已取得  最高学历 | | |  | | | | | | |
| 性 别 |  | | | | | | 身 高 | | | | |  | | | | 是否规培 | | |  | | | | | | |
| 年 龄 |  | | | | | | 健康状况 | | | | |  | | | | 执业资格 | | |  | | | | | | |
| 民 族 |  | | | | | | 婚育情况 | | | | |  | | | | 技术职称 | | |  | | | | | | | | |
| 籍贯 |  | | | | | | 政治面貌 | | | | |  | | | | 身份证号 | | |  | | | | | | | | |
| 现住址 |  | | | | | | | | | | | | | | | | | 个人联系电话 | | | | |  | | | | |
| 电子邮箱 | | |  | | | | | | QQ号 | | | |  | | | | | 紧急联系人电话 | | | | |  | | | | |
| **教育及培训/情况（从高中起）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | | **毕业学校** | | | | | | | | **学历** | | **专业** | | | | | | | **学位** | | | 培养形式（全日制\专升本\自考\成教 | | |
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| **工作履历（包括进修）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **起止时间** | | | | | **工作单位名称** | | | | | | | | | **所在科室/部门** | | | | | | **岗位/职务** | | | | | **离职原因** | | |
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| **家 庭 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓名** | | | | **与您的关系** | | | | | | **工作单位** | | | | | | | | | **联系方式（选填）** | | | | | | | | |
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| **已取得其他证书/重要获奖** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **类型** | | | | | | **名称** | | | | | | | | | **等级/级别/水平** | | | | | | | | | **取得时间** | | | |
| 外语水平相关证书 | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |
| 其他卫生技术类证书 | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |
| 其他证书 | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |
| 重要获奖 | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | |
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| **过去工作成就/科研论文/项目经历/发明专利/特殊技能** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| （简明扼要） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **自我评价及个人职业规划** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (200字以内) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **其 他 情 况** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 既往精神疾病史(有/无) | | | | | | | |  | | | 既往疾病史 | | | | | |  | | | | **既往手术史** | | | | | |  |
| 是否有犯罪记录 | | | | | | | |  | | | 福利及待遇期望 | | | | | |  | | | | 可到岗日期 | | | | | |  |
| **招聘信息来源** | | **□丁香人才网 □重庆医药卫生人才网 □医招网 □医院官网 □其他招聘网站 □微信朋友圈 □同学/校友/朋友 □现场了解** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **应 聘 须 知** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1、福利待遇：五险+其他补贴福利+工资+绩效+其他,所有非编人员与在编职工同工同酬。  2、试 用 期：本科或初级职称试用期2个月，硕士或中级职称试用期1个月。  3、职称聘任：初级师需要职称计算机(两个模块)，中级需要职称计算机(3个模块)+职称英语(C级)+论文.硕士研究生免考职称计算机和职称英语.  4、登记表内容填写必须真实有效，如有虚假，一经查实即取消招聘资格或解聘。  5、以上所有个人信息本单位及工作人员将根据相关法律法规严格保密。  *本人承诺在该表所填写个人信息均真实有效，如提供虚假信息和材料，自行承担一切后果；本人均已知晓并同意上述应聘须知内容。*  应聘人/承诺人签字： | | | | | | | | | | | | | | | | | | | | | | | | | | | |

注：此表内容请勿删减，请双面打印。