**昆明市官渡区人民医院2023年编外人员**

**报名资格审核登记表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | | **性别** |  | **民族** | |  | | **婚否** | | |  | | | **政治**  **面貌** | | |  | | 蓝底小一寸证件照 | | |
| **最高**  **学历** |  | | | | **学位** |  | **出生**  **年月** | |  | | | | **籍贯** | | |  | | | | | |
| **应(往)届** |  | | | | **参加工作年月** |  | | | **专业技术职称** | | | | |  | | | | | | | |
| **身份证号码** | | | |  | | | | | **应聘**  **岗位** | |  | | | | | | | | | | |
| **通讯地址** | | | | |  | | | | | | | | | | | | | | **联系电话** | | |  | | |
| **有何特长** | | | | |  | | | | | | | | | | | | | | | | | | | |
| **获得荣誉** | | | | |  | | | | | | | | | | | | | | | | | | | |
| 职称证书或执业资格证书持证情况（由初到高依次填写） | | | **证 书 名 称** | | | | | | | | **级别** | | | | **证书取得时间** | | | | | | | | | |
| 1 | |  | | | | | |  | | | |  | | | | | | | | | |
| 2 | |  | | | | | |  | | | |  | | | | | | | | | |
| 3 | |  | | | | | |  | | | |  | | | | | | | | | |
| 4 | |  | | | | | |  | | | |  | | | | | | | | | |
| 5 | |  | | | | | |  | | | |  | | | | | | | | | |
| 学习教育经历  （由低到高依次填写） | | 学习时间段（起止日期） | | | | | | 毕业院校 | | | | | | | 所学专业 | | | | | | 学历/  学位 | | | 学习  方式 |
| 1 | xxxx/xx/xx  ——xxxx/xx/xx | | | | |  | | | | | | |  | | | | | |  | | |  |
| 2 |  | | | | |  | | | | | | |  | | | | | |  | | |  |
| 3 |  | | | | |  | | | | | | |  | | | | | |  | | |  |
| 4 |  | | | | |  | | | | | | |  | | | | | |  | | |  |
| **工**  **作**  **简**  **历** | | **工作时间段** | | | | | | | | **工作单位或工作地点** | | | | | | | | **岗位** | | | | | **证明人** | |
| 1 | xxxx/xx/xx——xxxx/xx/xx | | | | | | |  | | | | | | | |  | | | | |  | |
| 2 | xxxx/xx/xx——至今 | | | | | | |  | | | | | | | |  | | | | |  | |
| 3 |  | | | | | | |  | | | | | | | |  | | | | |  | |
| 4 |  | | | | | | |  | | | | | | | |  | | | | |  | |
| **家庭主要成员** | | **姓名** | | | | **与本人关系** | | | **出生年月** | | | **工作单位或学习单位** | | | | | | | | | | | **就业状态** | |
|  | | | |  | | | xxxx/xx | | |  | | | | | | | | | | |  | |
|  | | | |  | | | xxxx/xx | | |  | | | | | | | | | | |  | |
|  | | | |  | | |  | | |  | | | | | | | | | | |  | |
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**本人承诺：**

本人知悉本表是招聘录用的重要依据，本人将认真据实填写，如若有隐瞒或虚假填报，日后引致取消其录用资格等后果由本人承担一切责任。本人兹授权昆明市官渡区人民医院可对有关本人个人资料及报名表中提供的信息进行背景调查。

报名者签名：

年 月 日

填表说明：

1.“职称”栏一律填写相关专业技术职称，如“内科学主治医师”；

2.“通讯地址”栏填写现居地址，要求明确到幢号、单元、门牌号；

3.“就业状态”栏按其实际情况选填“就业”、“待业”、“失业”、“无业”；

4.“学习方式”栏按个人实际情况选填“全日制教育”、“在职教育”；

5.“籍贯”栏填写为xx省（市）xx市（州）xx区（县），如“云南省昆明市禄劝县”；

6. 本表中所有信息均须填写，没有则填“无”；电子版命名为“xx岗位+姓名报名表”；

7. 时间、日期类统一填写如“2021/07/28”；

8.“应聘岗位”栏依据招聘公告填写；

9. 报名资格审核登记表必须由报名者本人填写**双面打印**，并签名（**手写按手印**）认可，不允许代填。