|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **上海交通大学医学院附属上海儿童医学中心海南医院**  **应聘登记表** | | | | | | | | | | | | | | | | | | | | | | | |
|
| 感谢您应聘我院，如果您有可证明您个人业绩或专业素质的资料，请您附在本表后一并提交给我们。 | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘岗位： | | |  | | | | | | | 填表日期： | | | | | | | | | | | | | |
| 姓名 | |  | | 性别 | |  | | | | 出生日期 | | |  | | | | | （个人免冠相片） | | | | | |
| 民族 | |  | | 籍贯 | |  | | | | 户口所在地 | | |  | | | | |
| 身高 | |  | | 婚姻状况 | |  | | | | 参加工作时间 | | |  | | | | |
| 外语水平 | |  | | 现有最高职称 | |  | | | | 政治面貌 | | |  | | | | |
| 最高学历 | |  | | 最高学位 | |  | | | | 联系电话 | | |  | | | | |
| 电子邮箱 | | | |  | | 期望薪资 | | | |  | | | 毕业时间 | | | | | □应届 □往届 | | | | | |
| 爱好、特长 | | | |  | | 是否执业 | | | | □是 □否 | | | 取得规培合格证 | | | | | □是 □否 | | | | | |
| 求职状态 | | | | □在校学生 □在职找工作 □已离职可随时上岗 | | | | | | | | | | | | | | | | | | | |
| 学习及培训经历 | 起止时间（年月） | | | 毕业院校（从高中开始填写） | | | | | | 所学专业 | | | 学历 | | | | 学位 | 就读方式 | | | | | |
|  | | |  | | | | | |  | | |  | | | |  | □统招 □非统招 | | | | | |
|  | | |  | | | | | |  | | |  | | | |  | □统招 □非统招 | | | | | |
|  | | |  | | | | | |  | | |  | | | |  | □统招 □非统招 | | | | | |
|  | | |  | | | | | |  | | |  | | | |  | □统招 □非统招 | | | | | |
|  | | |  | | | | | |  | | |  | | | |  | □统招 □非统招 | | | | | |
| 工作经历  （应届生填实习或规培经历） | 起止时间（年月） | | | 工作单位（具体到科室） | | | | | | 岗位名称 | | | 离职原因 | | | | | 证明人及  联系电话 | | | | | |
|  | | |  | | | | | |  | | |  | | | | |  | | | | | |
|  | | |  | | | | | |  | | |  | | | | |  | | | | | |
|  | | |  | | | | | |  | | |  | | | | |  | | | | | |
|  | | |  | | | | | |  | | |  | | | | |  | | | | | |
|  | | |  | | | | | |  | | |  | | | | |  | | | | | |
|  | | |  | | | | | |  | | |  | | | | |  | | | | | |
| 主持、参与科研项目 | (主持或参与的课题名称、等级、排名情况) | | | | | | | | | | | | | | | | | | | | | | |
|
|
| 论文发表情况 | (题目、期刊、年份、作者顺序、SCI论文需标注影响因子) | | | | | | | | | | | | | | | | | | | | | | |
| 获奖情况 | （标注奖项获得时间、级别、排名情况） | | | | | | | | | | | | | | | | | | | | | | |
| 其他需要说明的内容 | (项目经验、兼职情况（如xxx协会 委员）、参加会议) | | | | | | | | | | | | | | | | | | | | | | |
| 个人身体健康状况; | | | |  | | | | | | | | | | （如有疾病、伤残需如实填写） | | | | | | | | | |
| 有否直系亲属或近亲属在我中心工作：□有 □否 | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | 关系 | | | | | | | | | | 所在科室 | | | | | | | | | |
|  | | | |  | | | | | | | | | |  | | | | | | | | | |
|  | | | |  | | | | | | | | | |  | | | | | | | | | |
|  |  | |  |  |  | |  |  |  | |  |  | | |  |  | | |  |  |  |  |  | |
| **本人承诺在此登记表内填写之全部事项皆准确属实，如有隐瞒或提供的资料不真实，自愿接受中心无条件终止招聘流程或解除劳动关系或采取其他处理方式，不可获得任何补偿。**    **签名**   **日期** | | | | | | | | | | | | | | | | | | | | | | | |