|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **应聘意向**  （填写后一般不可更改） | | | | | | **志愿1**： (科室) 岗位 | | | | | | | | | | | 照片 | |
| **志愿2**： (科室) 岗位 | | | | | | | | | | |
| **姓 名** | | |  | | **性别** | |  | | **出生年月** | |  | | | **籍贯** |  | |
| **政治面貌** | | |  | | **民族** | |  | | **婚育状况** | |  | | | **特长** |  | |
| **宗教信仰** | | |  | | **学历** | |  | | **学位** | |  | | | **专业** |  | | | |
| **导师** | | |  | | **方向** | |  | | **外语等级** | |  | | | **外语成绩** |  | | | |
| **身份证号** | | |  | | | | **E-mail** | |  | | | | | **手机** |  | | | |
| **联系地址** | | |  | | | | | | **家庭地址** | | |  | | | | | | |
| **执业资格、取得时间** | | | | |  | | | | | **专业技术资格、取得时间** | | | | |  | | | |
| **医师必填** | **是否完成住院医师规范化培训** | | | |  | | | | | **规培完成/预计完成时间** | | | | |  | | | |
| **规培主要培训单位** | | | |  | | | | | **是否通过国际眼科医师考试（ICO）** | | | | |  | | | |
| **家庭主要成员**  **情况** | | **称谓** | | | **姓 名** | | | **工 作 单 位** | | | | | **备 注** | | | | | |
|  | | |  | | |  | | | | |  | | | | | |
|  | | |  | | |  | | | | |  | | | | | |
|  | | |  | | |  | | | | |  | | | | | |
| **学习**  **简历**  从高中起，排名以n/N形式 | | **阶段** | | **起 止 年 月** | | | | **学校名称** | | | | | **专 业** | | | **综合成绩排名** | | **证明人/导师** |
|  | |  | | | |  | | | | |  | | |  | |  |
|  | |  | | | |  | | | | |  | | |  | |  |
|  | |  | | | |  | | | | |  | | |  | |  |
|  | |  | | | |  | | | | |  | | |  | |  |
| **实习/工作**  **简历** | | **性质** | | **起 止 年 月** | | | | **单位名称** | | | | | **职务/岗位** | | | **证明人** | | |
|  | |  | | | |  | | | | |  | | |  | | |
|  | |  | | | |  | | | | |  | | |  | | |
|  | |  | | | |  | | | | |  | | |  | | |
| **奖惩、业绩等重要情况** | |  | | | | | | | | | | | | | | | | |
| **调剂**  **意愿** | | 如未被意向岗位录用，本人是否愿意服从医院集团安排进行调剂（必填，确定请勾选“☑”）：  □ 接受 □ 不接受 | | | | | | | | | | | | | | | | |
| **备注** | | 应聘人员要如实填写并提供应聘材料，不得弄虚作假，一经查实，自动丧失应聘资格。  本人保证提供的个人资料与事实相符。 **本人签字：** 时间： 年 月 日 | | | | | | | | | | | | | | | | |