附件2 **漯河市中心医院2019年面试信息表**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应聘科室： 应聘专业： 最高学历： 所学专业：  综合得分： | | | | | | | | | | | | | | | | | | | | | | | |
| 基本信息 | | | | | | | | | | | | | | | | | | | 学习与工作经历（自高中起） | | | | 发表论文、论著及科研开展情况 |
| 本人照片 | | | 姓名 | | |  | | | | 性别 | | |  | | | 民族 | |  | 学习经历 | | | | 本科毕业论文 |
| 出生年月 | | | | |  | | | | 健康状况 | | | | |  | | 起止时间 | 所在学校 | 所学专业 | 学历学位 |  |
| 政治面貌 | | | | |  | | | | 联系电话 | | | | |  | |  |  |  |  |
| 籍贯（具体到县/区） | | | | | |  | | | | | | | | | | | | | 硕士毕业论文 |
| 现家庭住址 | | |  | | | | | | | | | | | | | | | |  |  |  |  |  |
| 婚姻状况 |  | | | | | | | | | | | | | | | | | |
| 配偶工作单位与从事专业 | | | | | | | | |  | | | | | | | | | |  |  |  |  | 博士毕业论文 |
| 学历学位 |  | | | | | | | | | | 专业 | | | |  | | | |  |
| 研究方向 |  | | | | | | | | | | | | | | | | | |  |  |  |  |
| 学制/年 |  | | | | 学术型硕士或专业型硕士 | | | | | | | | | | |  | | |
| 本年度是否报考博士、硕士研究生 | | | | | | | | | | | |  | | | | | | | 工作经历（不含实习） | | | | 其他论文、论著及科研 |
| 现职称 | | | | | | | |  | | | | | | | | | | | 起止时间 | 所在单位 | 从事专业 | 岗位职务 |  |
| 有无执业证及取得时间 | | | | | | | |  | | | | | | | | | | |  |  |  |  |
| 有无规培证及取得时间 | | | | | | | |  | | | | | | | | | | |
| 外语水平 | |  | | | | | | | | | | | | | | | | |  |  |  |  |
| 其他事项 | |  | | | | | | | | | | | | | | | | |
| 是否同意调剂 | | | |  | | | 调剂科室与专业 | | | | | | |  | | | | |
| **声明：本人保证所提交信息的真实性、合法性，承担因填写不实而产生的一切后果。**  签名（须亲笔书写）： | | | | | | | | | | | | | | | | | | | | | | | |