滨州医学院公开招聘报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | | |  | | 性别 | | |  | | | 出生  年月 | |  | | | 民族 | |  | | 二  寸  彩  色  照  片 | |
| 最高学历 | | |  | | 最高  学位 | | |  | | | 籍贯 | |  | | | | | | |
| 政治面貌 | | |  | | 所学专业 | | | | | |  | | | | | | | | |
| 英语等级  及成绩 | | |  | | | | | | | | 计算机等级 | | | |  | | | | |
| 身份证  号码 | | |  | | | | | | | | 家庭住址 | | | |  | | | | | | |
| 固定电话 | | |  | | | | 手机 | | | |  | | | | E-mail | |  | | | | |
| 应聘学院 | | |  | | | | | | | | 应聘岗位 | | | |  | | | | | | |
| 学  习  简  历 | 起止年月 | | | 学位 | | | | | 学校 | | | | | 系别及专业 | | | | | 导师 | | 培养  方式 |
|  | | | 专科 | | | | |  | | | | |  | | | | |  | |  |
|  | | | 本科（学士） | | | | |  | | | | |  | | | | |  | |  |
|  | | | 硕士 | | | | |  | | | | |  | | | | |  | |  |
|  | | | 博士 | | | | |  | | | | |  | | | | |  | |  |
| 所学专业主干课程 | 本科  （不少于10门） | | |  | | | | | | | | | | | | | | | | | |
| 硕士 | | |  | | | | | | | | | | | | | | | | | |
| 博士 | | |  | | | | | | | | | | | | | | | | | |
| 工  作  简  历 | 起止年月 | | | 工作单位（有博士后经历者在此栏填写） | | | | | | | | | | | | | | | 职称（职务） | | |
|  | | |  | | | | | | | | | | | | | | |  | | |
|  | | |  | | | | | | | | | | | | | | |  | | |
|  | | |  | | | | | | | | | | | | | | |  | | |
| 已婚人员  配偶情况 | | 姓名 | |  | | 年龄 | | | |  | | 学历 |  | | | 工作  单位 | | |  | | |
| 科研  及  论文  情况 |  | | | | | | | | | | | | | | | | | | | | |
| 个人应聘优势 |  | | | | | | | | | | | | | | | | | | | | |
| **我已经仔细阅读2017年山东省省属事业单位公开招聘相关信息，理解其内容，并郑重承诺：本人所提供的个人信息、证明资料、证件等真实、准确。对因提供有关信息证件不实或违反有关纪律规定所造成的后果，本人自愿承担相关责任。**  **应聘人员签名：**  **年 月 日** | | | | | | | | | | | | | | | | | | | | | |
| 备  注 |  | | | | | | | | | | | | | | | | | | | | |

**注：本表格式不能改变。**