三六三医院护士规范化培训报名表

应聘岗位：护士规范化培训 填表日期：

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| 姓名 |  | | | 性别 |  | | 出生  年月 | |  | | 籍贯 |  | 民族 | |  | 政治  面貌 | |  |  |
| 毕业时间 | | |  | | | | 婚育  状况 | |  | | 健康状况 |  | | | 身高(cm)体重(kg) | |  | |
| 何时何校何  种专业毕业 | | |  | | | | | 学历 | |  | 学位 |  | | | | 职称 | |  |
| 身份证号码 | | |  | | | | | | | | | 期望月薪（元） | | | | | |  | |
| 户口所在地 | | |  | | | | | | | | | E-MAIL | | | | | |  | |
| 档案所在地 | | |  | | | | | | | | | 联系电话 | | | | | |  | |
| 联系地址 | | |  | | | | | | | | | 邮编 | | | | | |  | |
| 特长爱好 | | |  | | | | | | | | | | | | | | | | |
| 招聘信息  来源渠道 | | | □网站\_\_\_\_\_\_\_\_\_\_\_ （请说明网站名） □朋友或同学推荐 □其他\_\_\_\_\_\_\_\_\_\_（请说明） | | | | | | | | | | | | | | | | |
| 各种等级证书、资格证书 | | |  | | | | | | | | | | | | | | | | |
| （从**初中**、**高中**填起）  学 习 简 历 | | 起止年月 | | | | 就读学校及专业 | | | | | | 所获学历 | | | | | | | |
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| 奖惩情况 | |  | | | | | | | | | | | | | | | | | |
| 社会实践 | |  | | | | | | | | | | | | | | | | | |
| 实习、工作 经历 | | 单位名称 | | | | 起止时间 | | | | 职称 | | 职务 | | 工作职责 | | | | | |
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| 论文及参加课题情况 | |  | | | | | | | | | | | | | | | | | |
| 其他 | | （请填写其他需要说明的情况） | | | | | | | | | | | | | | | | | |
| 家庭情况 | | 姓名 | | | | 与本人  关系 | | | | 政治面貌 | | 工作单位及职务 | | | | | | | |
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| 应聘者自述（包括性格特征、个人能力等的自我评价；对医院的印象、职业生涯规划及需医院提供的信息等）： | | | | | | | | | | | | | | | | | | | |
| 备注：应聘者应承诺以上所填资料真实、有效。请应聘者填写表格后，将成绩单、各种等级证书、资格证书、身份证、获奖证书等资料以PDF格式附于此表格后，笔试试时以上证明材料以纸质复印件交现场审核的老师收。  成都市倒桑树街108号三六三医院人力资源部  联系电话：028—61810401  邮 箱：[hospital363hr@126.com](mailto:hospital363hr@126.com)（文档名和邮件名为“姓名-学校-专业”） | | | | | | | | | | | | | | | | | | | |