**附件：竞聘登记表**

**竞 聘 登 记 表**

竞 聘 部 门\_ 护理部/护理部-xxx病区

竞 聘 岗 位

竞 聘 者 姓 名\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**声　　　　明**

本人在此确认，我在本表中提供的有关信息是真实准确的，我愿意承担因任何虚假与不实造成的一切后果。本人　〇同意　〇不同意 医院在必要的情况下对有关信息进行调查。此外，我清楚以下事实：如果在30天内没有接到有关通知，本次申请可能失效。

申请人（签字）： 年 月 日

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| 姓 名 | | |  | | | 性 别 | |  | | 年 龄 | | 岁 | | | | | | | 照  片 | | |
| 政治面貌 | | |  | | | 民　族 | |  | | 籍 贯 | |  | | | | | | |
| 专业职称 | | |  | | | 取得时间 | |  | | 社会工龄 | |  | | | | | | |
| 最高学历 | | |  | | | 第一学历 | |  | | 身份证号码 | |  | | | | | | |
| 意向岗位1 | | |  | | | | | | | 意向岗位2 | |  | | | | | | | | | |
| 专业特长 | | |  | | | | | | | 其他专长 | |  | | | | | | | | | |
| 外语水平 | | | 1.　　　语，掌握程度：　　　　　　　　　2.　　　语，掌握程度： | | | | | | | | | | | | | | | | | | |
| 个性特点 | | |  | | | | | | | 宗教信仰 | |  | | | | | | | | | |
| 联系方式 | | | 个人联系电话：　　　　 　E-mail: | | | | | | | | | | | | | | | | | | |
| 紧急联络人姓名： 联系电话： | | | | | | | | | | | | | | | | | | |
| 通信地址 | | | 邮政编码： | | | | | | | | | | | | | | | | | | |
| **教 　育　 背 景 （自 高 中 起）** | | | | | | | | | | | | | | | | | | | | | |
| 在　学　时　间 | | | | | | 学校及学院（系）或  培训单位名称 | | | | 专 业 | | | 全日制/在职 | | | | | 学历及学位 | | | |
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| 是否有亲属或其他利益相关人员在泰康工作 | | | | | | * 否 □是，\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
| **社 会 工　　作　　经　　历** | | | | | | | | | | | | | | | | | | | | | |
| 工作时间 | | | | | | 工作单位及部门名称 | | | | 技术职称 | | | | 行政职务 | | | | | | | 年限 |
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| 工作描述：（300字以内） | | | | | | | | | | | | | | | | | | | | | |
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| （如有未尽经历请自行按照标准格式增行） | | | | | | | | | | | | | | | | | | | | | |
| **相 关 证 书** | | | | | | | | | | | | | | | | | | | | | |
| 取得时间 | | | | 证书名称 | | | | | | | | | | | | | | | | | |
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| （如有未尽证书请自行按照标准格式增行） | | | | | | | | | | | | | | | | | | | | | |
| **取 得 荣 誉 （ 院 级 以 上 ）** | | | | | | | | | | | | | | | | | | | | | |
| 取得时间 | | | | 荣誉名称 | | | | | | | | | | | | 荣誉级别 | | | | | |
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| （如有未尽荣誉请自行按照标准格式增行） | | | | | | | | | | | | | | | | | | | | | |
| **论 文 发 表 （统计源及以上级别期刊，一作）** | | | | | | | | | | | | | | | | | | | | | |
| 发表时间 | | 论文名称 | | | | | | | 发表期刊 | | | | | | 期刊级别 | | | | | 影响因子 | |
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| （如有未尽发表情况请自行按照标准格式增行） | | | | | | | | | | | | | | | | | | | | | |
| **科 研 专 利** | | | | | | | | | | | | | | | | | | | | | |
| 获批时间 | | | | 专利名称 | | | | | | | | | | | | | 专利级别 | | | | |
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| （如有未尽专利情况请自行按照标准格式增行） | | | | | | | | | | | | | | | | | | | | | |
| **家　庭　及　主　要　社　会　关　系** | | | | | | | | | | | | | | | | | | | | | |
| 称　谓 | 姓　名 | | | | 年 龄 | | 现工作单位及部门 | | | | 担任职务 | | | 住址及联系电话 | | | | | | | |
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| **资 格 审 查 结 果（医院填写）** | | | | | | | | | | | | | | | | | | | | | |
| 🞎 通过  🞎 不通过  审查人： 审查时间： | | | | | | | | | | | | | | | | | | | | | |

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| **资格审查资料附件：(请按照要求提供资格审查附件电子版）** |
| **1.身份证（正、反面）：** |
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| **2.毕业证及学位证（历次）：** |
| **3.教育部学历证书电子注册备案表或学籍在线验证报告：** |
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| **4.护士执业证：** |
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| **5.护士历次职称证：** |
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| **6.所获证书：** |
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| **7.所获荣誉：** |
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| **8.论文发表证明：** |
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| **9.专利发表证明:** |
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