**附件2：**

山东中医药大学附属眼科医院公开招聘人员报名表

报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 一、基本情况 | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | 性别 | |  | | | | 出生年月 | | | |  | | | 近期1寸  免冠电子  照片 |
| 民族 |  | | | | 籍贯 | |  | | | | 政治面貌 | | | |  | | |
| 婚况 |  | | | | 专业 | |  | | | | 学历/学位 | | | |  | | |
| 身份  证号 |  | | | | | | | | | | | | | | | | |
| 最高学历 毕业学校 | | | |  | | | 导师（硕士以上填写） | | | | | | | | |  | | |
| 外语语种及水平 | | | |  | | | 计算机水平 | | | | | | | | |  | | |
| 联系电话 | | | |  | | | 电子邮箱 | | | | | | | | |  | | |
| 二、教育经历（从专业教育阶段开始填写） | | | | | | | | | | | | | | | | | | |
| 学历/学位 | | 就读学校 | | | | | | | | 专业 | | | | | | | 起止时间 | |
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| 三、工作经历 | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | | 工作单位 | | | | | | | | | | | 职务/职称 | | | |
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| 四、论文论著（可自行加行） | | | | | | | | | | | | | | | | | | |
| 题目 | | | | | | | | | | | | 位次（n/N） | 发表期刊或出版社 | | | | | 发表年月 |
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| 五、参与科研情况（可自行加行） | | | | | | | | | | | | | | | | | | |
| 课题名称 | | | | | | | | | 立项部门 | | | 位次（n/N） | | 承担任务 | | | | 起讫时间 |
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| 六、获奖情况（可自行加行） | | | | | | | | | | | | | | | | | | |
| 名称 | | | | | | | | | | | | 授奖单位 | | 授奖时间 | | | | 位次（n/N） |
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| 七、家庭主要成员情况 | | | | | | | | | | | | | | | | | | |
| 姓名 | | | 称谓 | | | 出生年月 | | | | | | 现工作单位 | | | | | | 职务职称 |
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| 八、其他（填是或否） | | | | | | | | | | | | | | | | | | |
| 是否在校生 | | | |  | | | | 是否受过刑事处罚 | | | | | | |  | | | |
| 本人承诺：所提供的个人信息和证明材料真实准确，对因提供有关信息、证件不实或不能按期毕业并获得岗位要求学历学位证书等情况造成的后果，责任自负。  考生签名： | | | | | | | | | | | | | | | | | | |

**注意事项：**

说明：1.应聘人员统一填写《山东中医药大学附属眼科医院公开招聘人员报名表》, **请勿改变表格格式，**空白处填“无”，并将电子稿及其他报名材料一并发送至医院招聘邮箱（shierming58859698@163.com）；2.本表须用A4纸正反面打印，照片处插入电子版照片打印或粘贴冲洗版一寸彩色照片；3.应聘人员填写完整后，须手写签名；4.应聘人员限报1个岗位，如果报多个岗位则取消报名资格。