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| **应聘意向**  （填写后不可更改） | | | | | | 院区 (科室) 岗位（**岗位代码：** ） | | | | | | | | | | | | | 照片 | | |
| **姓名** | | |  | | **性别** | |  | | **出生年月** | |  | | | **籍贯** | | |  | |
| **政治面貌** | | |  | | **民族** | |  | | **婚育状况** | |  | | | **宗教信仰** | | |  | |
| **专业** | | |  | | **学历** | |  | | **学位** | |  | | | **特长** | | |  | | | | |
| **导师** | | |  | | **方向** | |  | | **外语等级** | |  | | | **外语成绩** | | |  | | | | |
| **身份证号** | | |  | | | | **E-mail** | |  | | | | | **手机** | | |  | | | | |
| **联系地址** | | |  | | | | | | **家庭地址** | | |  | | | | | | | | | |
| **执业资格、取得时间** | | | | |  | | | | | **专业技术资格、取得时间** | | | | | | |  | | | | |
| **医师必填** | **是否完成住院医师规范化培训** | | | | □已规培 □规培中 □未规培 | | | | | **规培完成/预计完成时间** | | | | | | |  | | | | |
| **规培主要培训单位** | | | |  | | | | | **是否通过国际眼科医师考试（ICO）** | | | | | | |  | | | | |
| **家庭主要成员**  **情况** | | **称谓** | | | **姓 名** | | | **工 作 单 位** | | | | | | | **备 注** | | | | | | |
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| **学习**  **简历**  高中起, 排名格式n/N | | **阶段** | | **起 止 年 月** | | | | **学校名称** | | | | | **专业名称** | | | **学位类别**  **(学术/专业)** | | **综合成绩排名** | | | **证明人** |
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| **实习/**  **工作**  **经历** | | **阶段** | | **起 止 年 月** | | | | **单位名称** | | | | | | | **部门+职务/岗位** | | | | | **证明人** | |
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| **奖惩业绩情况** | |  | | | | | | | | | | | | | | | | | | | |
| **调剂**  **意愿** | | 如未被意向岗位录用，本人是否愿意服从单位安排进行调剂（\*必填，确定请勾选“☑”）：  **1）工作地接受以下哪些院区/分院调剂？请在括号中排序（不限数量）**  ( )温州总院 ( )杭州院区 ( )之江院区 ( )海南分院 ( )上海东方分院 ( )台州分院  ( )绍兴分院 ( )南宁分院 ( )眼视光梦工场门诊部 ( )鹿城门诊部 ( )成都门诊部  ( )眼谷超级眼视光医院 ( )其他（可备注）： □ 不服从工作地调剂  **2）是否接受本轮招聘其他岗位调剂？**  □ 接受， 院区 (科室) 岗位（岗位代码： ） □ 不接受 | | | | | | | | | | | | | | | | | | | |
| **备注** | | 应聘人员要如实填写并提供应聘材料，不得弄虚作假，一经查实，自动丧失应聘资格。  本人保证提供的个人资料与事实相符。 **本人签字：** 时间： 年 月 日 | | | | | | | | | | | | | | | | | | | |