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| 湖南航天医院应聘人员基本情况表 | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别 | |  | | 出生年月 | | | |  | 政治面貌 | | |  | | |
| 现职称 |  | | | 是否规培 | |  | | 身高 | | | |  | 最快到岗时间 | | |  | | |
| 身份证 号码 |  | | | 外语水平 | |  | |  | | | |  |  | | |  | | |
| 通信地址 |  | | | 联系电话 | |  | | 电子邮箱 | | | |  |  | | |  | | |
| 学历经历 | 起止年月 | | | 毕业学校 | | 学历 | | 专业 | | | | 培养方式 | 备注 | | | | | |
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| 工作（实习）经历 | 起止年月 | | | 工作单位从事岗位 | | | | | | | | 职务 | 离职原因 | | | | 备注 | |
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| 主要家庭成员及社会关系 | 关系 | | | 姓名 | | 出生年月 | | | 政治面貌 | | | 工作单位及职务 | 备注 | | | | | |
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| 审核栏 | | | | | | | | | | | | | | | | | | |
| 基本资料 | | | 学位证 □ 毕业证 □ 学历注册备案表 □ 执业证 □ 资格证 □ 规培证 □ 其他相关证明 □ 本人所填写的内容及提供的材料真实有效，如发现有虚假 医院可随时终止试工和放弃录用 | | | | | | | | | | | | | | | |
| 应聘者签字： | |  | | | | | 资料审核： | | | | |  | | | |
| 人力资源负责人确认 | | | 审核确认： | | | | | | | | | | | | | | | |
| 业务部门 | | | 签字： | | | | | | | | | | | | | | | |
| 业务主管领导审批 | | | 签字： | | | | | | | | | | | | | | | |
| 人事主管领导审批 | | | 签字： | | | | | | | | | | | | | | | |
| 主要领导审批 | | | 签字： | | | | | | | | | | | | | | | |
| 拟安排实践操作考核情况 | | | 实践操作考核科室： | |  | | | | | 实践操作考核时间： | | |  | | | | | |
| 实践操作考核结束后，科室不得留用应聘人员，如有违规操作情况，科室承担相应责任。 | | | | | | | | | | | | | | | |
| 应聘者签字： | | | |  | | | | 科室主任签字： | | |  | | | | |
| 会议结果 | | |  | | | | | | | | | | | | | | | |
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| 备注 | | | 1、本人按照医院安排开展实践操作考核，否则视为放弃。 2、如面试未通过，需明确具体理由，无特殊理由不得拒绝安排 实践操作考核。 3、从以下几方面评价：（1）科室考核评价维度：实际操作能力、所在科室协作能力、专业水平、解决实际问题能力、纪律情况；（2)综合面试评价维度：专业素养能力、沟通表达能力、分析问题能力、思想品德、职业素养。 4、实践操作考核后具体录用结果需根据综合面试确认。 | | | | | | | | | | | | | | | |