附件2

北京急救中心公开招聘登记报名表

报考岗位： 填表时间： 年 月 日

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| 姓名 | |  | | | | | 出生日期 | | |  | | | | | | | 照片 | | |
| 性别 | |  | | 政治面貌 | | |  | | | 民族 | |  | | | | |
| 身份证号码 | |  | | | | | | | | | | | | | | |
| 生源地 | |  | | | | | 是否北京常住户口 | | | | |  | | | | |
| 户籍所在地详细地址 | | | |  | | | | | | | | | | | | | | | |
| 家庭常住地址及邮编 | | | |  | | | | | | | | | | | | | | | |
| （ ）2024年应届毕业生（ ）离校两年内未就业（ ）自主规培（ ）留学回国人员 | | | | | | | | | | | | | | | | | | | |
| 最高学历就读院校 | |  | | | | | | 培养方式 | | | | （填统招或定向） | | | | | | | |
| 最高学历学位及专业 | | |  | | | | | | | | 外语语种及等级 | | | | | |  | | |
| 本人电话 | |  | | | | | 电子邮箱 | | | | |  | | | | | | | |
| 紧急联系人  电话 | |  | | | | | 紧急联系人与本人关系 | | | | | | | |  | | | | |
| 人事档案存档机构名称及地址 | | | | | | |  | | | | | | | | | | | | |
| 教育经历（从高中  写起） | | 起止年月 | | | 学制 | | 毕业院校 | | | 专业名称 | | | | 学历 | | 学位 | | | 学习方式 |
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| 工作简历或实习、参加培训、社会实践 | | 起止年月 | | | | | 单位及岗位名称 | | | | | | | | 从事工作 | | | | |
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| 获奖  情况  （近五年） | | 奖励名称 | | | | 奖励  等级 | | | 授奖单位及国别 | | | | 获奖  时间 | | | | | 排名 | |
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| 在校担任职务或参加社团情况 | | 起止年月 | | | | 所在院校 | | | 担任职务或参加社团 | | | | | | | | | | |
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| **以下请报考医生岗位人员填写：**  1.是否取得执业医师资格证  （）是 （）否 发证日期为  2.执业医师资格证注册情况  （）已注册 （）未注册 注册地为  3.住院医师第一阶段规范化培训情况： | | | | | | | | | | | | | | | | | | | |
| 其他需要说明的情况： | | | | | | | | | | | | | | | | | | | |
| 本人  签字 | 表中所填信息属实，并服从单位分配。  报考人员签字： | | | | | | | | | | | | | | | | | | |