中國醫藥大學附設醫院暨體系院所面試記錄表(護理部)

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| 姓名 | |  | | | | | | 年齡 | | | | 歲 | | | | | 性別 | | | | | | | | **□**男 **□**女 | | | | | | | | | | | | 近三個月 脫帽大頭照 | | | | |
| 出生日期 | | 年 月 日 | | | | | | | | | | **Email**(必填) | | | | |  | | | | | | | | | | | | | | | | | | | |
| 聯絡電話 | | 住家：  手機： | | | | | | | | | | 身分證號  (居留證號) | | | | |  |  | |  | |  | |  | |  | | |  | |  | | |  | |  |
| 緊急聯絡人： 稱謂： 電話： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 求職身份 | | **□**一般求職者(在職及待業) **□**原住民 **□**外籍人士 **□**具身障資格 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通訊地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 戶籍地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（請檢附證明文件影本）** | 學 歷 **(請詳述)** | 等 別 | | | 學校名稱 | | | | | | | | | | 科系 | | | | | | | | 入校年月 | | | | | | | | | | 畢業年月 | | | | | | 就讀情形 | | |
| 博　士 | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | |  | | |
| 碩　士 | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | |  | | |
| 學　士 | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | |  | | |
| 副學士 | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | |  | | |
| 高中/職 | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | |  | | |
| 國　中 | | |  | | | | | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | |  | | |
| 進修 | 目前就讀學校： **□**二技 **□**四技 **□**大學 **□**其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工 作 經 歷 | 服務單位名稱 | | | | | 科別 | | | | 職稱 | | | 職級 | | | | | 到職年月 | | | | | | | | 離職年月 | | | | | | | | 年資 | | | | | 離職原因 | |
|  | | | | |  | | | |  | | |  | | | | | 年 月 | | | | | | | | 年 月 | | | | | | | | 年 月 | | | | |  | |
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| 專業證書 | 證書名稱 | | | | | | | | 證書字號 | | | | | 有效起日 | | | | | | | | | | | | | 有效迄日 | | | | | | | | | | | 備註 | | |
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| **□**無護理師/士證書：**□**已考取，但尚未領到證書 **□**已報考 **□**未報考 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 部定教職 | | **□**教授 **□**副教授 **□**助理教授 **□**講師 **□**無 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 急救證書 | | **□**BLS **□**ACLS **□**PALS **□**NRP **□**其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 健康狀況 | | **□**良好 □常不舒服症狀： **□**疾病史： **□**其他： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 兵役狀況 | | **□**待役  **□**免役  **□**役畢(役畢者請註明退伍時間：民國 　年　　月　　日) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 曾任職本院或體系醫院：**□**否 **□**是，任職期間： 年 月至 年 月，單位： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 預定可上班日期 | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 註：請勿任意修改或刪除以上欄位，資料請據實填寫完整。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※以下欄位由面試主管填寫。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 面試內容 | | | 面試 | | | | | | 筆試 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 面試主管簽名 | | | |
| 分數 | | |  | | | | | | 筆試卷別 | | | |  | | | | | | | | 筆試分數 | | | | | | | | |  | | | | | | | |  | | | |
| **□**學校推薦免試 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 面試評分標準：100-90 非常好 90-80很好 80-70普通 70-60尚可 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 報到單位 | | | | | |  | | | | | | | | | | 報到日期 | | | | | | | | | | | | | | | |  | | | | | | | | | |

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| 同意查驗資料授權書 | | | | | |
| 姓名 |  | 身分證字號 |  | 聯絡電話 |  |
| 本人因應徵中國醫藥大學附設醫院暨體系院所(以下簡稱中國附醫)之相關職務，茲同意授權中國附醫得以查核本人現在或過去學歷、經歷、證照、特殊訓練及體檢報告等資料之正確性及完整性。中國附醫為此得蒐集、處理與利用該查核後所獲取之本人個人資料，作為任用評估之用，並同意授權上述發證機構(人員)得揭露或提供與本人相關之資料予中國附醫。  同意人簽名： 填表日期 年 月 日 | | | | | |

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| 曾於本院實習：**□**否**□**是，**□**一般實習**□**最後一哩，實習期間： 年 月至 年 月，單位： |
| 推薦人： ，**□**院內單位 **□**學校 |