附件3

隐珠辖区内幼儿园非事业编

骨干教师报名登记表

**岗位：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | 性 别 | |  | | | | | 出生年月日 | | | | |  | | （近期彩色免冠证件照）  此处必填！ | | |
| 民 族 | |  | 籍贯 | |  | | | | 政治面貌 | | | | | |  | |
| 户口所在地 | |  | | | 参加工作时间 | | | | | | | |  | | | |
| 从事相关专业工作年限 | |  | 教师资格证所属学段、编号及取得时间 | | | |  | | | | | | | | | |
| 专业技术职务资格 | |  | | | | | 现聘任专业技术职务 | | | | | | |  | | |
| 学历学位 | |  | 毕业院校 | | |  | | | | | | | | 专业 |  | | 毕业时间 | |  |
| 现工作单位及任教学科 | |  | | | | | | | | | 编制性质 | | | |  | | | | |
| 移动电话 | |  | | | | | | | | | 身份证号 | | | |  | | | | |
| 学  习  简  历 | | 起止时间 | | | 所在学校及院系 | | | | | | | | | | | | 专 业 | | |
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| 工  作  简  历 | | 起止时间 | | | 工作单位 | | | | | | | | | | | | 岗 位（职务） | | |
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| 家庭成员  情况  （必须填全：与本人关系、姓名、工作单位） | |  | | | | | | | | | | | | | | | | | |
| 教学成果 | 教学技能比赛 | 比赛名称 | | | | | | | | | | 级别 | | | | 获奖时间 | | | |
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| 基本功比武 | 比赛名称 | | | | | | | | | | 级别 | | | | 获奖时间 | | | |
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| 公开课 | 公开课名称 | | | | | | | | | | 级别 | | | | 授课时间 | | | |
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| 优质课 | 优质课名称 | | | | | | | | | | 级别 | | | | 获奖时间 | | | |
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| 荣誉称号 | 荣誉称号名称 | | | | | | | | | | 级别 | | | | 获奖时间 | | | |
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|  | 办园办学成绩取得 |  | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | |
| 资格审查  结果 | |  | | 审查人签名 | | | |  | | | | | | | 复核人签名 | | |  | |