附件2

2024年长汀县引进教育类人才报名表

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | 性别 | | |  | | 民族 | | | |  | | | 1寸白底彩色  免冠照片 | |
| 籍贯 |  | | 出生年月 | | |  | | 党派及入党  时间 | | | |  | | |
| 身份证号码 |  | | | | | | | | | | | | | |
| 联系手机 |  | | | | | 联系地址 | |  | | | | | | | | |
| 户籍所在地 |  | | | | | 教师资格证持有情况 | | | | | | | | | | |
| 资格证种类 | | | 资格证任教学科 | | | | 资格证证书号 | | | |
|  | | |  | | | |  | | | |
| 学历层次 | 毕业院校 | | | | | 起止年限 | | | | | | 专业 | | | | |
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| 担任学生干部及工作经历 | (何年何月-何年何月何学校<单位>任何职) | | | | | | | | | | | | | | | |
| 获奖情况 | 获奖时间 | | | 颁发单位 | | | | | | | 奖励级别 | | | | | |
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| 家庭主要  成员情况 | 称谓 | 姓名 | | | 性别 | | 出生年月 | | | 工作单位 | | | | 职务/职称 | |  |
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| 报考应聘  岗位 |  | | | | | | | | | | | | | | | |
| 报考人员  承诺 | 本人承诺以上材料属实，如有不实之处，愿意承担相应责任。    　　报名人签名：  2024年 月　  日 | | | | | | | | | | | | | | | |
| 资格审核  意见 | 审核人：  2024年　月　日 | | | | | | | | | | | | | | | |

注：所填信息必须真实准确。（本表A4纸双面打印）