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| 姓名 |  | | | 性别 | | |  | | | 出生 年月日 | | |  | | | 1寸近期免冠 彩色照片  (电子照片) | |
| 民族 |  | | | 籍贯 | | |  | | | 健康  状况 | | |  | | |
| 最高学历 |  | | | 毕业院校 系及专业 | | |  | | | | | | | | |
| 工作单位 |  | | | | | 参加工作时间 | | |  | | 任教学科 | | |  | 任本学科 年限 | |  |
| 报考学校  及岗位 |  | | | | | | | | | | | | | | | | |
| 教师资格证号及学科 |  | | | | | | | 专业技术职称  及学科 | | | |  | | | | | |
| 联系电话 |  | | | | 手机 | |  | | | | | E  mail | | |  | | |
| 主要社会  关系 | 称 呼 | | 姓 名 | | 工作单位 | | | | | | | | | 职    务 | | | 政治  面貌 |
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| 身份证号码 | |  | | | | | | | | | | | | | | | |
| 个人简历 | |  | | | | | | | | | | | | | | | |
| 业绩情况 （可另附页） | |  | | | | | | | | | | | | | | | |
| 初审意见 | | 本人签名：                审核人签名： | | | | | | | | | | | | | | | |