2024年度衡阳市教育局部分直属学校急需紧缺专业技术人才引进报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 引进单位： 引进岗位： 岗位代码 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | 性别/民族 | | | | | |  | | | | **是否部属公费师范生** | | | | | |  | | | **是否在编** | | |  | | | | | | 电子照片 | | | | | | | |
| **服务期** | | |  | | | | | |
| 符合**急需紧缺专业**  **技术人才引进**的条件 | | | |  | | | | | | | | | | | | | | | | | | | 出生  年月 | | | （ ）周岁 | | | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | | | | | | | | 所学专业 | | |  | | | | | |
| 学历学位 | |  | | | | | | | | 日 制  （全日制、非全日制） | | | | | | | | | | | | | 是否师范类学生 | | |  | | | | | |
| 教师资格证  层次和学科类别 | |  | | | | | | | | | | | | | | | | | | | | | **职称**及  取得时间 | | |  | | | | | | | | | | | | | |
| 身份证号码 | |  |  | |  |  |  |  |  | |  |  |  | |  | |  |  |  | |  |  |  |  | 联系电话 | |  | |  |  |  | |  |  |  |  |  |  |  |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | | | | 父母联系电话 | | | |  |  | |  |  | |  |  |  |  |  |  |  |
| 户籍所在地 | | 省 市 县（区） 乡(街道) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地 | | 省 市 县（区） 乡(街道) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人  简历  （从高中起） | | 时间起始 | | | | | | | | 在何单位学习或工作 | | | | | | | | | | | | | | | | | | | | | | 任何职务 | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 与引进岗位相关的经历或取得的成绩 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺所提供的材料真实有效，符合引进岗位所需的资格条件。如有弄虚作假，承诺自动放弃考试和聘用资格。  本人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格初审意见 | |  | | | | | | | | | | | | | | 审核人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 资格复审意见 | |  | | | | | | | | | | | | | | 审核人签名：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |