附件 3

雨湖区 2018 年公开选调优秀教师报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  |  | 性别 | |  |  |  |  |  | 出生年月 | |  |  | 健康状况 |  |  |  |  |  |
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| 政治面貌 |  |  | 民族 | |  |  |  |  |  | 身份证号 | |  |  |  |  |  |  | 寸 |  |
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| 户籍所 |  |  |  |  |  |  |  |  | 现任教（学段） | | | |  |  |  |  |  |  |  |
| 在地 |  |  |  |  |  |  |  |  |  |  | 学科 |  |  |  |  |  |  | 照 |  |
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| 工作单位 |  |  |  |  |  |  |  |  |  | 联系电话 | |  |  |  |  |  |  |  |  |
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| 何时何校 | 第一学历 |  |  |  |  |  |  |  |  |  |  |  |  |  | 第一学位 |  |  |  |  |
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| 何专业毕 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 最高学历 |  |  |  |  |  |  |  |  |  |  |  |  |  | 最高学位 |  |  |  |  |
| 业 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 教师资格证（学科） | |  |  |  |  |  |  |  | 现专业技术职 | | | |  |  | 特长爱好 |  |  |  |  |
|  |  |  |  |  |  |  | 称及评定时间 | | | |  |  |  |  |  |  |
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| 普通话 |  |  |  | 计算机合 | | | | |  |  |  |  |  | 英语等级 |  |  |  |  |  |
| 等级 |  |  |  |  |  | 格证 | | |  |  |  |  |  |  |  |  |  |  |
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| 工作或学 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 习简历 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 近五年 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 年度考核 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 情况 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 奖惩 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 情况 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 姓 名 |  | 称 谓 | | |  | 政治面貌 | | |  |  |  | 工作单位 | | |  |  | 备注 |  |
| 家庭主 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 要成员 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | 本人承诺所提供证书和证件真实有效，如 | | | | | | | | | | | |  |  |  |  |  |  |  |
|  | 有虚假，同意无条件取消选调资格。如选调成 | | | | | | | | | | | |  | 经审核，情况属实。 | | | | |  |
|  | 功，服从选调单位工作安排。 | | | | | | | | |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | 初审人签名： | |  |  |  |  |
| 承诺 | 本次申报 |  |  |  |  |  |  | 学科。 | | | |  | 审核 |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  | 复审人签名： | |  |  |  |  |
|  | 承诺人亲笔签名： | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 2018 年 | 月 | | 日 |  |
|  |  |  |  |  |  |  | 2018 年 | | |  | 月 | 日 |  |  |  |  |  |  |  |
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