附件2

大关县2025年公开引进优秀教师和县内教师竞聘报名表（县内）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓   名 |  | | | | | 性别 | |  | | | | | 出生年月 | | | | | | | |  | | | 贴照片 | | | |
| 籍   贯 |  | | | | | 民族 | |  | | | | | 参加工作时间 | | | | | | | |  | | |
| 政治面貌 |  | | | | | | | 参加党派时间 | | | | | | | | | | | | |  | | |
| 工作单位及现任职务 | | | | | |  | | | | | | | | | | | | | | | | | |
| 全日制学历 | |  | | | 学位 | | |  | | | 毕业院校 | | | | |  | | | | | | 专业 | | | |  | |
| 国民教育学历 | |  | | | 学位 | | |  | | | 毕业院校 | | | | |  | | | | | | 专业 | | | |  | |
| 近3年考核情况 | | | | | |  | | | | | | 现职称 | | | | |  | | | | | | 评定时间 | | | |  |
| 手机1、2 | | |  | | | | | | | | | | | | | | | | | | 单位电话 | | |  | | | |
| 通讯地址 | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 | | |  | | | 身份证号码 | | | | | | | |  | | | | | | | | | | | | | |
| 教师资格证种类 | | | | | | |  | | | | | | | 任教学段及学科 | | | | | | | | | | |  | | |
| 是否获评省级学科带头人、骨干教师 | | | | | | | | | | | | | |  | | | | | 获评时间 | | | | | |  | | |
| 报考学段 | | |  | | | | | | | | | | | | 报考学科 | | | | |  | | | | | | | |
| 学  习  经  历 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | 毕业院校 | | | | | | 所学专业 | | | | | | | | 学制及学习形式 | | | | | | | | 学历 | |
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| 主    要    工    作    经    历 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | 工作单位及职务（级别） | | | | | | | | | | | | | | | | | | | | | |
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| 家庭情况 | | | | | | 姓名 | | | 关系 | | | | | 工作单位 | | | | | | | | | | | | | |
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| 何时何地受过何种奖励或处分 | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺 | | | | | | 本人承诺：  本人已认真阅读《大关县2025年公开引进县外优秀教师和县内教师竞聘上岗通告》，知晓报考有关条件及要求，本表所填写的信息真实，若有弄虚作假，本人愿意承担由此造成的后果。  承诺人签名： 日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 所在学校意见：    盖章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 大关县教育体育局 审核意见 | | | | | | 审核人： 复核人：  审核日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |

注：本表双面打印。

附件2

大关县2025年公开引进优秀教师和县内教师竞聘报名表（县外）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 工作单位及现任职务 | | | | | |  | | | | | | | | | | | | | | | | | |
| 全日制学历 | |  | | | 学位 | | |  | | | 毕业院校 | | | | |  | | | | | | 专业 | | | |  | |
| 国民教育学历 | |  | | | 学位 | | |  | | | 毕业院校 | | | | |  | | | | | | 专业 | | | |  | |
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| 邮政编码 | | |  | | | 身份证号码 | | | | | | | |  | | | | | | | | | | | | | |
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| 学  习  经  历 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 主    要    工    作    经    历 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止年月 | | | | | | 工作单位及职务（级别） | | | | | | | | | | | | | | | | | | | | | |
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| 家庭情况 | | | | | | 姓名 | | | 关系 | | | | | 工作单位 | | | | | | | | | | | | | |
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| 所在县（市、区）教育体育局意见： 所在县（市、区）人社局局意见：    盖章： 盖章：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 大关县教育体育局 审核意见 | | | | | | 审核人： 复核人：  审核日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | |

注：本表双面打印。