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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性别 | |  | | 出生年月 | | | |  | | | | 照  片 |
| 政治面貌 | |  | | 参加教育工作时间 | | | | | |  | | | 职称 | | |  |
| 教师资格层次 | |  | | | | | | 身体状况 | | | |  | | | | |
| 身份证号 | |  | | | | | | 现在单位 | | | |  | | | | |
| 第一学历 | | | 是否全日制 | | | 毕业学校 | | | | | | | | | 所学专业 | | 毕业时间 |
|  | | |  | | |  | | | | | | | | |  | |  |
| 家庭地址 | | |  | | | | | | | | 联系电话 | | |  | | | |
| 学习及工作简历 |  | | | | | | | | | | | | | | | | |
| 报考岗位 |  | | | | | | | | | | | | | | | | |
| 学校意见 | 校长签名： （公章） 2024年 月 日 | | | | | | | | | | | | | | | | |
| 资格审查 | 审查人签名： 2024年 月 日 | | | | | | | | | | | | | | | | |

**湖口县教体系统面向农村学校选调教师报名表**