附件1

**中宁县2024年县城中小学教师跨校竞聘资格审查表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | 性别 | | | | |  | | | 民族 | | | | |  | | | | | 照  片 |
| 出生年月 |  | | | | | | 籍贯 | | | | |  | | | 政治面貌 | | | | |  | | | | |
| 全日制  学历 |  | | | | | 毕业院校  及专业 | | |  | | | | | | 毕业时间 | | | | |  | | | | |
| 最高  学历 |  | | | | | 毕业院校  及专业 | | |  | | | | | | 毕业时间 | | | | |  | | | | |
| 专业技术职称 | |  | | | | | | | | | 任职时间 | | | |  | | | | | | | 身体状况 | | |  |
| 普通话  水平 | | | |  | | | | 计算机  水平 | | | | |  | | | | | | 英语水平 | | | |  | | |
| 参加工作时间 | | | |  | | | | | | 身份证号码 | | | | | | |  | | | | | | | | |
| 应聘学校及岗位 | | | |  | | | | | | | | | | | | 是否愿意调剂学校 | | | | | | | |  | |
| 现任职学校 | | | |  | | | | | | | | | | | | 联系电话 | | | | |  | | | | |
| 个人简历（从高中起含毕业后工作经历） | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 近三年  主要获奖情况 | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 本人声明：上述填写内容真实完整，提供的报考资料原件和复印件齐全真实。如有不实，本人承担一切责任，并放弃聘用资格。  应聘人（签字）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核意见： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核结果（√） | | | | | 合格 | | | | | | | | | | | | | 不合格 | | | | | | | |
| 不合格原因： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审核人签名：    年 月 日 | | | | | | | | | | | | | | 监督人签名：  年 月 日 | | | | | | | | | | | |