附件3

**长寿区2017年暑假公开选聘城区教师报名表**

**报考学校：**   **报考岗位：**

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| **姓 名** | |  | | **性 别** | | |  | | | **民族** | |  | | | | **出生年月** | | | |  | | | | 张贴或插入近期1寸免冠彩色照片 |
| **籍 贯** | |  | | **婚否** | | |  | | | **职称** | |  | | | | **政治面貌** | | | |  | | | |
| **身份证号** | |  | | | | | | | | | | **联系电话** | | | | |  | | | | | | |
| **普通话**  **等级** | |  | | | | | | | **教师资格**  **证种类** | | | | | | | |  | | | | | | |
| **工作单位** | |  | | | | | | | | | | | | | | | **现任教学段、学科** | | | | | | |  |
| **文化程度** | | **毕业院校** | | | | | | | | | **毕业专业** | | | | | | | | **毕业时间** | | | | | **学历层次** |
| **前学历** | |  | | | | | | | | |  | | | | | | | |  | | | | |  |
| **后学历** | |  | | | | | | | | |  | | | | | | | |  | | | | |  |
| **参加工作时间** | | | | |  | | | | | | | | **教 龄** | | | | | | | |  | | | |
| **是否我区中小学在职在编教师** | | | | | | | | | | | | | | | | | | | **是□ 否□** | | | | | |
| **笔试和面试加分项目** | | | | | | | | | | | | | | | | | | | **笔 试** | | | | | |
| **分值** | | | | **确认加分** | |
| 1 | 近五年来，区级赛课二等奖获得者 | | | | | | | | | | | | | | | | | | 2 | | | |  | |
| 2 | 近五年来，区委教育工委、区教委表彰的优秀教师、优秀教育工作者、师德师风标兵、师德师风标兵提名奖、师德师风先进个人，区级赛课一等奖获得者，市级赛课二等奖获得者 | | | | | | | | | | | | | | | | | | 3 | | | |  | |
| 3 | 近五年来，区级及以上党委、政府部门或市级及以上教育行政部门、人力社保部门表彰的优秀教师、优秀教育工作者，市级赛课一等奖获得者 | | | | | | | | | | | | | | | | | | 4 | | | |  | |
| 4 | 在我区艰苦边远地区学校连续工作10年及以上且现仍在艰苦边远地区学校工作 | | | | | | | | | | | | | | | | | | 5 | | | |  | |
| 5 | 实验一小、晶山小学借用人员借用期间年度考核为“合格”及以上等次者 | | | | | | | | | | | | | | | | | | 5 | | | |  | |
| **确认加分分值** | | | | | | | | | | | | | | | | | | |  | | | |  | |
| **个人**  **简历** | | **起止年月** | | | | **求学经历和工作单位（从小学填起）** | | | | | | | | | | | | | | | | **任何职务** | | |
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| **家庭主要成员** | | **称呼** | **姓名** | | | | | **工作单位或住址** | | | | | | | | | | | | | | **任何职务** | | |
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| **何年何月获得何种奖励、受到何种处分** | |  | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺** | | **本人自愿参加长寿区教育系统2017年暑假公开选聘教师考试，并郑重承诺：本表所填写的内容和提供的材料，均真实有效。否则取消选聘资格，并愿意承担一切后果和责任。**    承诺人： 2017年 7 月 日 | | | | | | | | | | | | | | | | | | | | | | |
| **村点校 意见** | | 负责人（签字）： 学校（盖章）  2017年7月 日 | | | | | | | | | | | | **教管中心或直属学校意见** | | | | 负责人（签字）： 学校（盖章）  2017年7月 日 | | | | | | |
| **资格审查意见** | | 区教委审核人：    2017年 7 月 日 | | | | | | | | | | | | | 区人社局审核人：    2017年 7 月 日 | | | | | | | | | |

【填表说明】本表用A4纸双面打印。