**2020年衡阳市教育局直属学校公开招聘工作人员报名表（绿色通道招聘）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 应聘单位： 类别 应聘岗位： 岗位代码 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | 性别 | | | | | |  | | | | 民族 | | | |  | | | | | 是否  在编 | | |  | | | | | 贴相片处 | | | | | | | |
| 符合绿色通道  的条件 | |  | | | | | | | | | | | | | | | | | | | | | | 出生  年月 | | | （ ）周岁 | | | | |
| 毕业院校 | |  | | | | | | | | | | | | | | | | | | | | | | 专业 | | |  | | | | |
| 学历（类别） | |  | | | | | | | | | 日 制  （全日制、非全日制） | | | | | | | | | | | | | 是否师范类学生 | | |  | | | | |
| 何时具有何种职业及学科资格证 | |  | | | | | | | | | | | | | | | | | | | | | | 职称及工作年限 | | |  | | | | | | | | | | | | |
| 身份证号码 | |  |  |  | |  |  | |  |  | |  |  |  | |  |  |  | |  |  | |  |  |  | 联系电话 | |  |  |  |  | |  |  |  |  |  |  |  |
| 电子邮箱 | |  | | | | | | | | | | | | | | | | | | | | | | 父母联系电话 | | | |  |  |  |  | |  |  |  |  |  |  |  |
| 家庭住址 | | 省 市 县（区） 乡(街道) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **现居住地** | | 省 市 县（区） 乡(街道) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **现健康码状态** | | 码 （绿码、黄码、红码） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 个人  简历  （从高中起） | | 时间起始 | | | | | | | | | 在何单位学习或工作 | | | | | | | | | | | | | | | | | | | | | 任何职务 | | | | | | | |
|  | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 所获荣誉奖励 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 我已仔细阅读《2020年衡阳市教育局直属学校公开招聘工作人员简章》，理解其内容。我郑重承诺：本人提交的个人信息资料及相关申请材料真实、准确.如果所提交的信息及材料不真实、不准确,本人愿意随时接受报考学校及教育主管部门作出的相应处理并承担全部后果。  本人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格初审意见 | | | | | | | |  | | | | | | | | | | | | | | 审核人签名：  年 月 日 | | | | | | | | | | | | | | | | | |