附件2

秀山自治县2020年考核招聘公费师范生和医学生报名表

报考单位： 报考岗位：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 |  | | | | | | 性别 | | | |  | | | | | | 民族 | | | |  | | | | | 政治面貌 | | | |  | | | | | | 照 片 | | | | | |
| 出生年月 |  | | | | | | | | | | | | | | 婚否 | | | | | |  | | | | | 生源地 | | | |  | | | | | |
| 毕业院校 |  | | | | | | | | | | | | | | | | | | | | 毕业时间 | | | | | | | |  | | | | | | |
| 专业及学制 |  | | | | | | | | | | | | | | | | | | | | 学历、学位 | | | | | | | |  | | | | | | |
| 普通话等级  （教育系列填写） | |  | | | | | | | | | | | 取得何种  资格 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 身份证号码 |  | |  |  |  |  | |  |  |  | |  | |  | |  | |  |  |  | |  | |  |  | |  | 联系电话 | | |  |  |  |  |  |  |  |  |  |  |  |
| 个人简历  （从高中填起） |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖惩情况 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺 | 以上信息属实，若有虚假，责任自负。  本人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 审查意见 | 审查人签字：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 | 贴备用照片2张 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |