附件1

濮阳市康教中心聋儿康复教师报名登记表

**报名时间： 年 月 日**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 |  | | | | | | 性别 | | |  | | | | 出生年月 | | | | | | | | |  | | | | | | **照 片**  （近期1寸彩色  免冠正面） | |
| 籍贯 |  | | | | | | 政治面貌 | | |  | | | | 民族 | | | | |  | | | | 健康状况 | | |  | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | 特长 | | | |  | | | | | |
| 身份证号 | |  | |  | |  | |  |  | |  |  |  | |  | |  |  | |  |  |  | |  |  | |  |  |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | | 联系  方式 | | | |  | | | |
| 最高学历毕业院校 | | | | |  | | | | | | | | | | | 最高学  历层次 | | | | | | |  | | | | 所学专业 | | |  |
| 最高全日制学历  毕业院校 | | | | |  | | | | | | | | | | | 最高全日制  学历层次 | | | | | | |  | | | | 所学专业 | | |  |
| 教师资格证书编号 | | | | |  | | | | | | | | | | | 教师资格证书学科 | | | | | | |  | | | | 取得教师资格时间 | | |  |
| 学前教育等相应资格证书 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 主要学习、工作经历 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 诚信承诺 | | | **本人所填写的信息准确无误，所提交的证件、资料均真实有效，如有虚假、错误等不实现象，所产生的一切后果由本人承担。**    报名人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 资格审查  意见 | | | 审查人（签名）： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |