附件

**浙江工商职业技术学院公开招聘应聘人员报名表**

**应聘岗位：**

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| 姓 名 | | | |  | | | 出生年月 | |  | | | 性 别 | |  | | | 籍 贯 | | | |  | | | | 照片 | |
| 政治面貌 | | | |  | | | 最高学位及获得时间 | | | | |  | | | | | 专 业 | | | |  | | | |
| 研究方向 | | | |  | | | | 职称职务 | | | |  | | | | | 任职时间 | | | |  | | | |
| 学习或工作单位 | | | | | |  | | | | | | | | | | | | | | |  | | | |
| 户籍所在地派出所名称 | | | | | |  | | | | | | | | 身份证号 | | | | | | |  | | | | | |
| 单位地址 | | | |  | | | | | | | | | | 邮政编码 | | | | | | |  | | | | | |
| 电子信箱 | | | |  | | | | | | | | | | 联系电话 | | | | | | |  | | | | | |
| 婚姻情况 | | | | | □已婚 □未婚 | | | | | | | | | | | | | | | | | | | | | |
| 主要家庭成员情况 | | | | | 称谓 | | 姓名 | | | 出生年月 | | | | 政治面貌 | | | | | 工作单位及职务 | | | | | | | |
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| 学习经历 | 起止年月 | | | | | | 学校名称 | | | | | | 学科、专业 | | | | | | | | | 导师 | | | 获学位情况 | |
|  | | | | | |  | | | | | |  | | | | | | | | |  | | | 博士 | |
|  | | | | | |  | | | | | |  | | | | | | | | |  | | | 硕士 | |
|  | | | | | |  | | | | | |  | | | | | | | | |  | | | 学士 | |
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| 工作经历 | 起止年月 | | | | | | 工作单位 | | | | | | | | | 专业技术职称、职务 | | | | | | | | | | |
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| 是否有亲属在浙江工商职业技术学院工作 | | | | | | | □是（请具体说明）： | | | | | | | | | | | | | | | | | | | |
| □否 | | | | | | | | | | | | | | | | | | | |
| 从事学科建设情况： | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承担教学与人才培养情况 | | | 1. 授课情况：（授课时间与对象、课程名称与时数） | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 教学建设：（专业、课程、教材建设） | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 教学奖励： | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 指导学生：（担任导师、指导毕业论文设计、学生科研及效果） | | | | | | | | | | | | | | | | | | | | | | | |
| 科研情况 | | | 项目（专利）名称 | | | | | | | | 起止时间 | | | | 项目来源 | | | | | 级别 | | | | 排名（n/n） | | |
|  | | | | | | | |  | | | |  | | | | |  | | | |  | | |
| 获奖情况  （含各类人才入选情况） | | | 获奖项目及名称 | | | | | | | | 时间 | | | | 颁奖部门 | | | | | 等级 | | | | 排名（n/n） | | |
|  | | | | | | | |  | | | |  | | | | |  | | | |  | | |
| 论文、论著发表情况 | | | 名称（题目） | | | | | 发表刊物名称 | | | | | | | | | | 发表时间 | | | | | 排名（n/n） | | | 影响因子 |
|  | | | | |  | | | | | | | | | |  | | | | |  | | |  |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切责任。**  **本人亲笔签名： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 应聘单位人事部门意见 | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |