附件：

**浙江音乐学院公开选聘中层副职领导人员报名表**

申报岗位： 填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | 性别 | |  | | | | 出生日期 | | | 年 月  （ 岁） | | | | 照片  （半年内2寸  免冠彩色） | |
| 民族 |  | | | 籍贯 | |  | | | | 国籍 | | |  | | | |
| 政治  面貌 |  | | | 参加工作时间 | |  | | | | 健康状况 | | |  | | | |
| 专业技  术职务 |  | | | | | | | | | 评聘时间 | | |  | | | |
| 学历  学位 | 全日制  教育 | |  | | | | | | | 毕业院校  系及专业 | | | |  | | | | |
| 在职  教育 | |  | | | | | | | 毕业院校  系及专业 | | | |  | | | | |
| 工作单位及职务 | | |  | | | | | | | | | | | | | | | |
| 本人  联系  方式 | 手机： | | | | | | | | 固定电话： | | | | | | | | | |
| 电子邮箱： | | | | | | | | | | | | | | | | | |
| 通信地址： | | | | | | | | | | | | | | | 邮政编码： | | |
| 学  习  培  训  经  历 | 起止年月 | | | | 毕业院校 | | | | | | 所学专业 | | | | | 所获学位 | | 学习方式  （脱产或在职） |
| (从大学填起) | | | |  | | | | | |  | | | | |  | |  |
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| 工  作  简  历 | 起止年月 | | | | 工作单位及职务 | | | | | | | | | | | | | |
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| 主要荣誉及业绩表现 |  | | | | | | | | | | | | | | | | | |
| 兼职  情况 | 学术  兼职 |  | | | | | | | | | | | | | | | | |
| 其他  兼职 |  | | | | | | | | | | | | | | | | |
| 家庭  主要  成员  及重  要社  会关  系（配偶、子女、父母等） | 称谓 | 姓名 | | | | | 出生  年月 | 政治  面貌 | | | | 国籍 | | | 工作单位及职务 | | | |
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| 其它需要说明的问题 |  | | | | | | | | | | | | | | | | | |
| 个人  承诺 | 本人保证以上所填写信息的真实性。  签名：  年月日 | | | | | | | | | | | | | | | | | |
| 资格审查意见 | 签名：  年月日 | | | | | | | | | | | | | | | | | |

**说明：1.表格空间不够可调整扩展。**

**2.“国籍”栏中，如本人、配偶、子女取得国（境）外永久居留权或长期居留权的，请**

**注明。**