附件

**2024诸暨市教育体育局面向退役优秀运动员**

**公开招聘体育竞训教练报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓 名 | | |  | 身份证号 |  |  |  |  |  | |  | |  |  | | |  |  | |  | |  |  |  |  | |  | |  |  | 近期免冠  1寸彩照 |
| 户口  所在地 | | |  | | | | | | | 性别 | | | | |  | | | | | | 政治  面貌 | | | | |  | | | | |
| 体育类最高学历及毕业院校 | | |  | | 主训  项目 | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 省队转正时间 | | |  | | | | | | | 退役时间 | | | | | | | | |  | | | | | | | | | | | | |
| 运动员等级 | | |  | | | | | | | 报考岗位 | | | | | | | | |  | | | | | | | | | | | | |
| 联系  地址 | | |  | | | | | | | | | | | | | | | | 固定电话 | | | | | | | | |  | | | |
| 移动电话 | | | | | | | | |  | | | |
| E-mail | | |  | | | | | | | | | | | | | | | | 邮 编 | | | | | | | | |  | | | |
| 个  人  简  历 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人声明：上述填写内容真实完整。如有不实，本人愿承担一切法律责任。**  **申请人（签名）： 年 月 日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 市教育体育局审核意见 | （盖章）  年 月 日 | | | | | | | | | | | 市人力社保局审核意见 | | | | （盖章）  年 月 日 | | | | | | | | | | | | | | | |

**注意：本表格一式二份，以上表格内容必须填写齐全。**