附件1

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| **临沭县就业困难人员登记认定表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  |  |  |  | |  |  |  |  | |  |  | | |  |  | |  | | 登记时间： 年 月 日 | | | | | | | | | | | | |
| 姓 名 | |  | | | | | 性别 | | |  | | | | 个人状况 | | | | |  | | | | 户口性质 | | | |  | | | 二寸照片 | | |
| 政治面貌 | |  | | | | | 民族 | | |  | | | | 文化程度 | | | | |  | | | | 婚姻状况 | | | |  | | |
| 身份证号 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 就业失业证号 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户籍地址 | |  | | | | | | | | | | | | | | | | | | 联系电话 | | | |  | | | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 原工作单位 | |  | | | | | | | | | | | | | | | | | | 参加工作时间 | | | | | |  | | | | | | |
| 失业登记时间 | |  | | | | | 失业原因 | | | |  | | | | | | | | | 失业证  编号 | | | |  | | | | | | | | |
| 目前从业情况 | | 个体经营项目 | | | | | | | | | 被用人单位录用 | | | | | | | | | | | 灵活就业项目 | | | | | | | 失业期间 | | | |
|  | | | | | | | | |  | | | | | | | | | | |  | | | | | | |  | | | |
| 家 庭 主 要 成 员 | | 姓名 | | | | | | 与本人关系 | | | | | | | | 工作单位情况 | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | |  | | | | | | | | | | | | | | | | |
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| 认定困难人员类别 | | 零就业家庭 | | |  | | | 大龄就业人员 | | | | |  | | | | 连续失业一年 | | | |  | | | | 低保家  庭成员 | | |  | | | 其他 |  |
| 县人力资源社会保障部门认定意见：  　　　　 　年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |