**附件**

本溪满族自治县卫生健康监督中心**公开招聘公益性岗位**

**报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 填表日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | 性别 | | | | |  | | | | | 民族 | | | | | |  | 个 人 相 片 |
| 出生年月 |  | | | | | 政治面貌 | | | | |  | | | | | 婚姻状况 | | | | | |  |
| 学历 |  | | | | | 毕业院校 | | | | |  | | | | | | | | | | | |
| 专业 |  | | | | | | | | | | | | | | | 毕业时间 | | | | | |  |
| 身份证号 |  |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |  | 联系电话 |  |
| 就业失业登记证号 |  | | | | | | | | | | | | | | | 户口所在地 | | | | | |  | |
| 家  庭  主  要  成  员 | 姓名 | | | | | 与本人  关系 | | | | | 工作单位 | | | | | | | | | | | 联系电话 | |
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| 就业困难人员范围（勾选） | （1）城镇零就业家庭成员，即城镇居民家庭成员中在法定劳动年龄内，有劳动能力、有就业愿望的人员均处于失业或离岗状况的家庭成员。 | | | | | | | | | | | | | | | | | | | | | （6）自谋职业的军队退役人员 | |
| （2）市城市低保边缘户救助卡的家庭成员。 | | | | | | | | | | | | | | | | | | | | | （7）县以上劳动模范 | |
| （3）处于失业状态的残疾人 | | | | | | | | | | | | | | | | | | | | | （8）军人配偶 | |
| （4）单亲抚养未成年人，即离异或丧偶抚养未成年子女的人员 | | | | | | | | | | | | | | | | | | | | | （9）享受定期定量抚恤和生活补助的优抚对象 | |
| （5）登记失业人员中距法定退休年龄5年以内的人员 | | | | | | | | | | | | | | | | | | | | | （10）烈属，即烈士父母、配偶及子女 | |
| **本人愿意为以上填写资料的真实性负责，如有虚假，愿意承担由此带来的一切责任。**  **本人签字：** | | | | | | | | | | | | | | | | | | | | | | | |