**藤县公益性岗位招（补）录登记表**

**登记日期：　　　年　　月　　日　 　登记编号（单位填）：**

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| **姓名** |  | | | | | | | **性别** |  | | | **年龄** | |  | | **民族** | | |  | | | **文化程度** |  | **照　片** |
| **身份证号码** | | | | |  | | | | | | | | | | | | | | | | | | |
| **毕业院校及专业** | | | | |  | | | | | | | | | | | | | | | | | | |
| **健康状况** | |  | | | | | **家庭人口** | | | |  | | | | **联系电话** | | | | | |  | | |
| **详细地址** | | **县（市、区） 路（镇）　 巷（里、村） 号（组） 幢(单元) 房** | | | | | | | | | | | | | | | | | | | | | | |
| **《就业失业登记证》或《就业创业证》编号** | | | | | | | | | | | | | | | | |  | | | | | | | |
| **有何技能** | **1** | |  | | | | | | | | | | | | | **就业意向** | | | **1** |  | | | | |
| **2** | |  | | | | | | | | | | | | | **2** |  | | | | |
| **个**  **人**  **简**  **历** | **何 时 至 何 时** | | | | | | | | | | | | | | | **在何地学习和从事何种工作** | | | | | | | | **担任职务** |
| **年 　月至　　 年　月** | | | | | | | | | | | | | | |  | | | | | | | |  |
| **年 　月至　　 年　月** | | | | | | | | | | | | | | |  | | | | | | | |  |
| **年 　月至　　 年　月** | | | | | | | | | | | | | | |  | | | | | | | |  |
| **年 　月至　　 年　月** | | | | | | | | | | | | | | |  | | | | | | | |  |
| **年 　月至　　 年　月** | | | | | | | | | | | | | | |  | | | | | | | |  |
| **属何种对象** | | | | | | **1.有一定劳动能力并持有《残疾人证》的残疾人员（ ）**  **2.女性40周岁以上、男性50周岁以上人员（ ）**  **3. 正在享受城镇居民最低生活保障待遇的就业困难人员（ ）**  **4. 经认定的城镇零就业家庭就业困难人员（ ）**  **5. 登记失业连续12个月以上的人员( )**  **6.因失地失海或遭受重大自然灾害失业人员( )**  **7.其他难以实现就业的人员（ ）** | | | | | | | | | | | | | | | | | | |
| **家庭主要成员情况** | **姓名** | | | | | **年龄** | | | | **关系** | | | **政治面貌** | | | | | **在何学校学习或何单位工作** | | | | | | **担任职务** |
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| **是否服从分配** | | | | | | **服从（ ） 不服从（ ）** | | | | | | | | | | | | | | | | | | |
| **报名人承诺** | | | | **本报名表所填内容正确无误，所提交的信息、材料和照片真实有效。**  **如有虚假，本人愿意承担由此产生的一切后果。**  **本人签字： 年 月 日** | | | | | | | | | | | | | | | | | | | | |
| **县就业服务中心初审意见** | | | | **盖章：**  **20 年 　 月 日** | | | | | | | | | | | | | | | | | | | | |
| **用人单位录用意见** | | | | **盖章：**  **20 年 　 月　 日** | | | | | | | | | | | | | | | | | | | | |
| **县人力资源和社会保障局审核意见** | | | | **盖章：**  **20 年　 月 　日** | | | | | | | | | | | | | | | | | | | | |
| **县财政局审批意见** | | | | **盖章：**  **20 年 　 月 　日** | | | | | | | | | | | | | | | | | | | | |
| **备　注** | | | |  | | | | | | | | | | | | | | | | | | | | |

**注：此表一式二份，就业服务中心、用人单位各一份。**