天水市就业困难人员认定申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓   名** |  | | | | | | | | **性别** | | | | | |  | | | | | **照**    **片** | | | | | |
| **政治面貌** |  | | | | | | | | **民族** | | | | | |  | | | | |
| **户籍地址** |  | | | | | | | | | | | | | | | | | | |
| **户籍性质** | **□城镇居民   □农村居民** | | | | | | | | | | | | | | | | | | |
| **就业创业证号** |  |  |  |  | |  |  |  | | |  |  | |  | |  |  |  |  |  |  |  | |  |  |
| **身份证号** |  |  |  |  | |  |  |  | | |  |  | |  | |  |  |  |  |  |  |  |  |  |  |
| **学  历** |  | | | **毕业时间** | | | | | |  | | | | | | **联系电话** | | |  | | | | | |  |
| **毕业学校** |  | | | | | | | | | | | | **失业日期** | | | | | | |  | | | | | |
| **困难人员类别** | **□城镇女性年满40周岁、男性年满50周岁的失业人员。**  **□城镇零就业家庭成员中的失业人员。**  **□连续失业半年以上的人员。**  **□享受最低生活保障的失业人员。**  **□残疾失业人员。**  **□因失去土地落户在城镇的就业困难人员。**  **□抚养未成年子女单亲家庭中的失业人员。** | | | | | | | | | | | | | | | | | | | | | | | | |
| **本人承诺** | **本人对填写信息及提供材料的真实性负责，如因所填信息或提供材料不实，造成虚假申报而引发的一切责任和后果均由本人承担。        承诺人（签字、压指印）：** | | | | | | | | | | | | | | | | | | | | | | | | |
| **社区（村）公共**  **就业服务平台**  **（盖  章）**  **年   月   日** | | | | | **街道（乡镇）劳动就业和社会保障事务所**  **（盖  章）**  **年   月   日** | | | | | | | | | | | | **区（县）公共就业服务**  **机构**  **（盖  章）**  **年   月   日** | | | | | | | | |

**填表时间：**