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| 秦州区就业困难人员申请公益性岗位推荐表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **填表时间：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **姓 名** | |  | | | | | | **性 别** | | | | | | | | |  | | | | | **年 龄** | | | | | | | | |  | | | | | | | | | **二寸近期     免冠彩色     照片** | | | | | |
| **政治面貌** | |  | | | | | | **民 族** | | | | | | | | |  | | | | | **健康状况** | | | | | | | | |  | | | | | | | | |
| **户籍地址** | |  | | | | | | | | | | | | | | | **联系电话** | | | | | | | |  | | | | | | | | | | | | | | |
| **户籍性质** | | **□城镇居民           □农村居民** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **身份证号** | |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | |  | |  | |  |  |  |  | |  |  |
| **就业创业证号** | | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | |  | |  | |  | | |  |  |  |  |  |  |  |
| **学历** | |  | | | **毕业时间** | | | | | | | | | | | |  | | | | | | | | **院校及专业** | | | | | | | | | |  | | | | | | | | | | |
| **是否从事过公岗工作** | | | | | | | | **是(  )否(  )** | | | | | | | | | | | | **是否企业参保** | | | | | | | | | | | | | | | **是(  )否(  )** | | | | | | | | | | |
| **是否享受过社保补贴** | | | | | | | | **是(  )否(  )** | | | | | | | | | | | | **补贴起止时间** | | | | | | | | | | | | | | | **年  月—   年  月** | | | | | | | | | | |
| **就业困难人员认定日期** | | | | | | | |  | | | | | | | | | | | | **失业时间** | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **用人单位名称** | | |  | | | | | | | | | | | | | | | | | **公益性岗位名称** | | | | | | | | | | | | | | |  | | | | | | | | | | |
| **个   人    申   请   书** |  |  |  | |  | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | | |  | | |  | |  |  |  | |  |  |
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| **申请人（签字）：         年    月   日** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **社区(村)公共就业服务机构推荐意见** | **（公章）** | | | | | | | | | | | | | | | | | | | **街道(镇)公共就业服务机构推荐意见** | | | | | **（公章）** | | | | | | | | | | | | | | | | | | | | |
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| **年  月  日** | | | | | | | | | | | | | | | | | | | **年  月  日** | | | | | | | | | | | | | | | | | | | | |
| **经办人签字：** | | | | | | | | | | | | | | | | | | | **经办人签字** | | | | | | | | | | | | | | | | | | | | |