附件：2

天水市就业困难人员认定申请表

填表时间：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  或就业失业  登记证号 |  | |  | |  | |  | | |  | |  | | | |  | |  | | |  | | | |  | |  | |  | |  | |  | |  | |  | |
| 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 | | | | | | | | | | | | |