附件2

**柳州市公益性岗位援助申请表**

编 号： 登记日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | | 性别 |  | | 身份证号 | | |  | | | | | | | | | | | （相片） |
| 出生年月 | |  | | | | 民 族 |  | | 健康状况 | | |  | | | | | 婚姻状况 | | | |  | |
| 政治面貌 | |  | | | | 身高 | 米 | | 体重 | | 公斤 | | | | | | 视 力 | | | | 左  右 | |
| 联系地址 | |  | | | | | | | | | | | | 联系电话 | | | | |  | | | | |
| 所在城区 | |  | | | | | | 所在街道 | |  | | | | | | 所在社区 | | | | | |  | |
| 择业愿望 | 序号 | | | 单 位 | | | | | | | | | 岗 位 | | | | | | | | | 是否服从调配 | |
| 1 | | |  | | | | | | | | |  | | | | | | | | |  | |
| 2 | | |  | | | | | | | | |  | | | | | | | | |  | |
| 就业失业登记证号 | | | | |  | | | | | | | | | | 文化程度 | | | | |  | |  | |
| 援助对象类型 | 1 | | 零就业家庭失业人员 | | | | | | | | | | | | | | | **是** | | **否** | | | |
| 2 | | 大龄失业人员（即4050人员） | | | | | | | | | | | | | | | **是** | | **否** | | | |
| 3 | | 正在享受城镇居民低保待遇的失业人员 | | | | | | | | | | | | | | | **是** | | **否** | | | |
| 4 | | 失地失业人员 | | | | | | | | | | | | | | | **是** | | **否** | | | |
| 5 | | 登记失业连续12个月以上的人员 | | | | | | | | | | | | | | | **是** | | **否** | | | |
| 6 | | 有就业能力和就业愿望的残疾失业人员 | | | | | | | | | | | | | | | **是** | | **否** | | | |
| 市就业服务中心  意见 | | |  | | | | | | | | | | | | | | | | | | | | |

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