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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓名** |  | | | **性别** | | |  | **民族** |  | | **文化** | |  | | | 两寸 |
| **出生日期** | | | **年 月 日** | | | | | | | | **婚否** | |  | | |
| **家庭住址** | | |  | | | | | | | | | | | | |
| **身份证发证机关** | | |  | | | | | | **身份证号码** | | |  | | | | |
| **《就业创业证》或《就业失业登记证》发证机关** | | | | | |  | | | **《就业创业证》或《就业失业登记证》编号** | | | | |  | | |
| **主 要 学 习 简 历** | | **年 月至 年 月** | | | | | | **在 何 处 学 习** | | | | | | | | **专 业** |
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| **公益性岗位安置对象** | | | | |  | | | | | | | | | | | |
| **公益性岗位起始时间** | | | | | **年 月 日** | | | | | **在何处工作任职** | | | | | **补贴标准** | |
| **公益性岗位结束时间** | | | | | **年 月 日** | | | | |  | | | | |  | |
| **用人单位领导签字** | | | | |  | | | | | **用人单位盖章** | | | | |  | |
| **备 注** | | | | |  | | | | | | | | | | | |

**昭通市公益性岗位录用登记表**

**注：本表由用人单位负责填报，一式一份，交就业部门留存。**