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| **东辽县公益性岗位人员报名表** | | | | | | | | |
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| **姓 名** |  | | | **性 别** |  | | | **照 片** |
| **文化程度** |  | | | **民 族** |  | | |
| **联系电话** |  | | | | | | |
| **身份证号** |  | | | | | | | |
| **家庭住址** |  | | | | | | | |
| **身 份 类 别（经就业困难认定的以下人员）** | | | | | | | | |
| **高校毕业生** | | **下岗失业人员** | | **低保失业人员** | | **零就业家庭人员** | | **大龄失业人员** |
|  | |  | |  | |  | |  |
| **所报岗位：** | | | | | | | | |
|
| **本人签字：** | | | | | | | | |
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| 年 月 日 | | | | | | | | |