附件2

**公益性岗位人员报名表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | **性 别** | |  | | | **联系电话** | | | |  | | | 照片 | |
| **身份证号** |  | | | | | | | | | | | | |
| **籍 贯** |  | **民 族** | |  | | | **身体状况** | | | |  | | |
| **毕业院校** |  | | | | | | **学 历** | | | |  | | |
| **报名岗位** |  | | | | | **紧急联系人** | |  | | | | **联系电话** | |  | |
| **家庭住址** |  | | | | | | | | | | | | | | |
| **申请理由** |  | | | | | | | | | | | | | | |
| **工作经历** | **起止时间（年/月/日/）** | | | | | **职务（公种）** | | | **工作单位** | | | | | | **离职原因** |
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| **家家庭成员** | **姓名** | | **关系** | | **工作单位** | | | | | **联系电话** | | | **联系地址** | | |
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| **人员类别** | **是否属： □ 1、低收入家庭劳动力；**  **□ 2、城镇登记失业人员中的大龄人员（女40岁以上、男50岁以上）；**  **□ 3、登记失业连续1年以上的人员；**  **□ 4、持《中华人民共和国残疾人证》人员；**  **□ 5、完全失地农民；**  **□ 6、随军家属；**  **□ 7、省委省政府规定的其他人员。** | | | | | | | | | | | | | | |