附件2

**梧州市长洲区公益性岗位招录登记表**

**登记日期：　　　年　　月　　日　                　登记编号（单位填）：**

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| **姓名** |  | | | | | | | **性别** |  | | | **年龄** | |  | | **民族** | | |  | | | **文化程度** |  | **照　片**  **（近期1寸）** |
| **身份证号码** | | | | | |  | | | | | | | | | | | | | | | | | |
| **毕业院校及专业** | | | | | |  | | | | | | | | | | | | | | | | | |
| **健康状况** | |  | | | | | **家庭人口** | | | |  | | | | **联系电话** | | | | | |  | | |
| **详细地址** | | **县（市、区）     路（镇）　 巷（里、村）  号（组）  幢(单元)    房** | | | | | | | | | | | | | | | | | | | | | | |
| **《就业失业登记证》或《就业创业证》编号** | | | | | | | | | | | | | | | | |  | | | | | | | |
| **有何技能** | **1** | |  | | | | | | | | | | | | | **就业意向** | | | **1** |  | | | | |
| **2** | |  | | | | | | | | | | | | | **2** |  | | | | |
| **个 人 工 作 简 历** | **具体从事工作起止时间** | | | | | | | | | | | | | | | **在何地从事何种工作** | | | | | | | | **担任职务** |
| **年 　月至　　 年　月** | | | | | | | | | | | | | | |  | | | | | | | |  |
| **年 　月至　　 年　月** | | | | | | | | | | | | | | |  | | | | | | | |  |
| **年 　月至　　 年　月** | | | | | | | | | | | | | | |  | | | | | | | |  |
| **年 　月至　　 年　月** | | | | | | | | | | | | | | |  | | | | | | | |  |
| **年 　月至　　 年　月** | | | | | | | | | | | | | | |  | | | | | | | |  |
| **家庭主要成员情况** | **姓名** | | | | **年龄** | | | | | **关系** | | | **政治面貌** | | | | | **工作单位或学校学习情况** | | | | | | **担任职务** |
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| **经公共就业服务机构认定的登记失业的就业困难人员，并符合下列条件之一的（“√”选其中一项）** | | | | | **1.持有《中华人民共和国残疾人证》或者《中华人民共和国残疾军人证》的城镇人员；（   ）**  **2.城镇大龄失业人员（女性年满40周岁以上、男性年满50周岁以上）；（   ）**  **3.享受城市最低生活保障待遇家庭中的人员；（   ）**  **4.经人力资源和社会保障部门认定的城镇零就业家庭人员;（   ）**  **5.最近一次办理登记失业连续12个月以上的人员；（   ）**  **6.依法被县级以上人民政府实施统一征地后，完全失去原承包耕地的农民；（   ）**  **7.符合上述１至５任意条件的易地搬迁安置区搬迁群众。（   ）** | | | | | | | | | | | | | | | | | | | |
| **是否服从分配** | | | | | **服从（   ）            不服从（   ）** | | | | | | | | | | | | | | | | | | | |
| **报名人承诺** | | | | **本登记表所填内容正确无误，所提交的信息、材料齐全和照片真实有效。如有虚假，本人愿意承担由此产生的一切后果。**  **本人签字：                         年   月   日** | | | | | | | | | | | | | | | | | | | | |
| **用人单位**  **拟录用意见** | | | | **盖章：**  **经办人：           单位负责人：               20    年    月    日** | | | | | | | | | | | | | | | | | | | | |
| **长洲区人力资源和社会保障局审批意见** | | | | **盖章：**  **经办人：           科室负责人                20    年 　 月  　日** | | | | | | | | | | | | | | | | | | | | |
| **备　注** | | | |  | | | | | | | | | | | | | | | | | | | | |

**注：此表一式二份，长洲区人力资源和社会保障局、用人单位各一份。**