附件3

**安康市就业困难人员认定申请表**

填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　　名 | |  | | | | | | | | | | | | | | 性别 | | | | | |  | | | | | | | 1寸免冠照片 | | | | | |
| 出生年月 | | 年 月 日 | | | | | | | | | | | | | | 民族 | | | | | |  | | | | | | |
| 政治面貌 | |  | | | | | 文化程度 | | | | | |  | | | | | | | 婚否 | | | | |  | | | |
| 户籍性质 | | ○非农业户口　　　 ○农业户口　　　　○我市以外户口 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户籍详细地址 | | 省（市、自治区） 市 县（市、区） 街道（镇） 社区（村） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地地址 | | 省（市、自治区） 市 县（市、区） 街道（镇） 社区（村） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 登记失业时间 | |  | | | | | | | | 就业失业登记证编号 | | | | | | | | | | |  | | | | | | | | | | | | | |
| 身份证号码 | |  |  |  | |  | | |  | |  | | |  |  | | | |  | |  | |  |  | |  | |  | |  | |  |  |  |
| 本人家庭基本情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | 与本人关系 | | | | | | | 现年龄 | | | | 现工作（或学习）单位 | | | | | | | | | | | | | | | | | | | 收入情况 | | | |
|  |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |  | | | |
| 申请人身份类型 | □法定劳动年龄内的家庭人员均处于失业状况的城市居民家庭成员； □失业的残疾人；  □距法定退休年龄十年以内的登记失业人员；□纳入去产能政策范围企业的失业人员和最低生活保障家庭中有劳动能力并处于失业状态的成员；□连续失业一年以上的登记失业人员； □需要抚养未成年人的单亲家庭失业人员；□毕业后超过半年未实现首次就业的大中专院校毕业生；□失去土地且已办理失业登记的被征地农民；□未就业的城镇退役军人和军烈属 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请登记人签名 | | | | |  | | | | | | | | | | | | | 联系电话 | | | | | | | | |  | | | | | | | |
| 以下由公共就业服务机构填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 社区（村）意见 | | | | | | | | | | | | | | | | | 街道（镇）意见 | | | | | | | | | | | | | | | | | |
| 经办人（签名）：  审核人（签名）：    年 月 日 | | | | | | | | | | | | | | | | | 经办人（签名）：  审核人（签名）：    年 月 日 | | | | | | | | | | | | | | | | | |