**附件2:**

2024年公益性岗位报名表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** |  | | | | | | **性别** | | |  | | | **出生年月** | | | | |  | | | | 一寸照片 |
| **身份证号** |  |  |  |  |  |  |  |  |  | |  |  | |  |  |  |  | |  |  |  |
| **文化程度** |  | | | | | | **联系电话** | | | | | |  | | | | | | | | |
| **家庭住址** |  | | | | | | | | | | | | | | | | | | | | |
| **就业困难**  **人员类别** | □城镇零就业家庭成员 | | | | | | | | | | | | □距法定退休年龄十年以内的登记失业人员 | | | | | | | | | |
| □登记失业半年以上的长期失业人员 | | | | | | | | | | | | □困难家庭中毕业两年内未就业的高校毕业生 | | | | | | | | | |
| □就业困难的被征地农民 | | | | | | | | | | | | □失业的残疾人员 | | | | | | | | | |
| □失业的城镇复员转业军人 | | | | | | | | | | | | □失业的县级以上劳动模范 | | | | | | | | | |
| □失业的军烈属 | | | | | | | | | | | | □单亲家庭成员 | | | | | | | | | |
| **工作**  **经历** |  | | | | | | | | | | | | | | | | | | | | | |
| **报名单位** |  | | | | | | | | | | | | | | | | | | | | | |
| 本人承诺以上情况属实，若有虚假，愿意承担相应责任。  **申请人（签字）：** **年** **月** **日** | | | | | | | | | | | | | | | | | | | | | | |
| **人社部门资格审查意见** | （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | |