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| **昭通市永善县就业困难人员认定表**  填表日期： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | | | | | | 性别 | | | | | | | | |  | | | | | | | | | 个人年收入 | | | | | | | | | |  | | | | | | | | 一寸近期  免冠证件照 |
| 文化程度 |  | | | | | | | | | | 民族 | | | | | | | | |  | | | | | | | | | 联系电话 | | | | | | | | | |  | | | | | | | |
| 身份证号 |  | |  | | |  | | |  | | |  | | | |  | |  | | | |  | | |  | |  | | | |  | | | |  | |  |  | | |  | | |  |  |  |
| 就业失业登记证编号 | |  | |  |  | |  | |  |  | | |  | |  | |  | |  | |  | |  |  | |  | |  | |  | |  | | 政治面貌 | | | | | | | | |  | | | |
| 户籍所在地 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 户籍性质 | | | | | | | | | □农业户 □非农业户 | | | | | |
| 家庭成 员情况 | 姓名 | | | | | | | 性别 | | | | | | 个人年收入 | | | | | | | | 身份证号 | | | | | | | | | | | | | | | | | | 个人状态 | | | | | | | |
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| 申报就业 困难类型（申报人只能选择其中最恰当的一项） | □零就业家庭中的登记失业人员（零就业家庭是指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）；□享受城乡居民最低生活保障人员；□男年满50周岁和女年满40周岁以上的登记失业人员；□有劳动能力的残疾人；□连续失业1年以上人员；□离校1年内持续6个月以上未就业高校毕业生；□被征地农民。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 低保证号 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | 残疾证号 | | | | | | | | | |  | | | | | | | | |
| 本人承诺 | 本人以上填写的信息真实、准确。 本人签名： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 部门审 核意见 | 社区（村民委员会）意见：  经核查，申请人就业困难类型为：    经办人（签章）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 乡（镇）社会保障服务中心意见：  经核查，申请人就业困难类型为：  经办人（签章）：    年 月 日 | | | | | | | | | | | |
| 注：1、本表一式三份，社区、乡（镇）、县就业局各存一份；2、签署意见时，根据所提供的资料，认定其为就业困难类型的一种；3、随本表应附上本人身份证（双面）、户口薄（户主和本人页）、低保证复印件及相关证明材料；4、未就业的高校毕业生需附毕业证复印件；5、选填内容在□中打“√”；6、提供的复印资料均双面复印；7、零就业家庭劳动力必须填写个人年收入。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |