附件2

**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；  □距法定退休年龄十年以内的登记失业人员；□ 失业的残疾人；  □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 | | | | | | | | | | | | | | | | | |