**附件：**

阜新市2020年高校毕业生公益性岗位人员

（贫困家庭）报名登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | 性别 |  | | 民族 | | | | |  | | | | 政治面貌 |  | | 照片 | |
| 籍贯 | |  | | 出生年月 |  | | | | 毕业院校 | | | | | |  | | | |
| 所学专业 | |  | | 学历学位 |  | | | | | | | 毕业时间 | | |  | | | |
| 身份证号码 | | |  | | | | | | | | | 有何特长 | | |  | | | |
| 家庭地址 |  | | | | | | | 联系电话 | | 1. | | | | | | | | 2. | | |
| 家庭主要成员 | 与本人关系 | | | 姓名 | | 年龄 | | 政治面貌 | | | | | 工作单位 | | | | | | | 职务 |
|  | | |  | |  | |  | | | | |  | | | | | | |  |
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|  | | |  | |  | |  | | | | |  | | | | | | |  |
| 申报条件 | 1.贫困家庭高校毕业生 | | | | | | |  | | | | | | | | | | | | |
| 2.贫困残疾人家庭高校毕业生 | | | | | | |  | | | | | | | | | | | | |
| 3.有劳动能力的残疾高校毕业生 | | | | | | |  | | | | | | | | | | | | |
| 其他 | | | | | | |  | | | | | | | | | | | | |
| 招用部门意见 | （公章）  年 月 日 | | | | | | | | | | 人力资源和社会保障部门意见 | | | （公章）  年 月 日 | | | | | | |