**附件1：**

**公益性岗位工作人员报名表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **姓　　名** |  | **性　　别** | |  | **出生年月** | |  | | **照片**  **粘贴处** |
| **民　　族** |  | **健康状况** | |  | **政治面貌** | |  | |
| **身份证号** |  | | | | **联系电话** | |  | |
| **户籍地址** |  | | | | | | | |
| **家庭住址** |  | | | | | | | | |
| **是否建档立卡贫困户** |  | | | | **是否享受低保** | | |  | |
| **个人简历** |  | | | | | | | | |
| **家庭成员**  **和主要社**  **会关系** | **关系** | **姓名** | | **工作单位** | | | **政治面貌** | | **联系电话** |
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| ****本人承诺：**本人填报和提交的所有信息均真实、准确、完整、有效，如有不实本人自愿承担一切责任。**    **申请人：**  **年  月  日** | | | ****用人单位意见：****          **盖章（签字）：**  **年  月  日** | | | ****审核单位意见：****          **盖章（签字）：**  **年  月  日** | | | |