附件1：

东昌府区就业困难人员认定表

填表日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 姓名 |  | | | | 性别 | |  | | 身份证号 | | | | | |  | | | | | | 出生日期 | | | | | |  | |
| 文化程度 |  | | | | 政治面貌 | |  | | 家庭地址 | | | | | |  | | | | | | 身体状况 | | | | | |  | |
| 失业登记时间 | | | | |  | | | 就业失业证编号 | | | | | | |  | | | | 失业原因 | | | | |  | | | | |
| 原工作单位 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 户口所在地 | | | | | 县（市区） 街道（乡镇） 社区（居）委 | | | | | | | | | | | | | | | | | | | | | | | |
| **曾享受何种待遇** | | | | | | | **起止时间** | | | | | | **困难类别** | | | 大龄失业人员□ | | | | | | | | | 目前是否缴纳社会保险 | | | 是□ |
| 失业保险金□ | | | | | | |  | |  | | | | 城镇零就业家庭成员失业人员□ | | | | | | | | |
| 最低生活保障□ | | | | | | |  | |  | | | | 农村零转移就业贫困家庭成员失业人员□ | | | | | | | | |
| 灵活就业社保补贴□ | | | | | | |  | |  | | | | 抚养未成年子女单亲家庭失业人员□ | | | | | | | | | 否□ |
| 企业吸纳就业社保  补贴□ | | | | | | |  | |  | | | | 低保失业人员□ | | | | | | | | |
| 公益性岗位补贴□ | | | | | | |  | |  | | | | 残疾失业人员□ | | | | | | | | | 缴纳社会保险标准 | | |  |
| 小额担保贷款□ | | | | | | |  | |  | | | | 连续失业一年以上的失业人员□ | | | | | | | | |
| 创业补贴□ | | | | | | |  | |  | | | |  | | | 因失去土地等原因难以实现就业的失业人员□ | | | | | | | | |
| **家庭成员及经济情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | | | 称谓 | | 工作单位或学校 | | | | 就业创业证编号 | | | | | | | 经济收入 | | | 家庭人均收入 | | | | | | 备注 | | |
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| **再就业培训情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 起止时间 | | | 在何单位接受职业指导 | | | | | | | | 在何单位接受何种技能培训 | | | | | | | | | | | | 有何结业证书 | | | | | |
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| **再就业情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 再就业时间 | | | | | 在何单位何岗位就业 | | | | | | | | | 再就业性质 | | | | | | | | 备注 | | | | | | |
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| **本 人 申 请** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1、本人迫切要求就业愿无条件服从安置就业；  2、本人因 暂无能力就业；  3、本人因 不需要就业； | | | | | | | | | | | | | | | | | | 本人同意，选择第 条  申请人：  年 月 日 | | | | | | | | | | |
| 社区  意见 | | （盖章）    年 月 日 | | | | | | | | | | 街道（乡镇）人力资源社会保障所意见 | | | | | | （盖章）    年 月 日 | | | | | | | | | | |
| 县（市区）以上劳动就业办公室意见 | | （盖章）    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | |