附件

甘孜州公益性岗位人员申请表

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 个人信息 | | | | | | | |
| 姓名 | |  | | 身份证号 |  | |  |
| 性别 | |  | | 年龄 |  | |
| 民族 | |  | | 户口性质 |  | |
| 联系电话 | |  | | 学历 |  | |
| 户籍地址 | |  | | | | |
| 属哪类公益性岗位安置对象： | | | | | | | |
| 申请哪类公益性岗位： | | | | | | | |
| 家庭信息 | | | | | | | |
| 姓名 | 年龄 | 关系 | 工作单位 | | | 联系电话 | |
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|  |  |  |  | | |  | |
| 工作经历及特长 | | | | | | | |
|  | | | | | | | |
| 申请人：  年 月 日 | | | | | | | |