附件1

双牌县按比例安排残疾人就业申报审批表

用人单位名称（盖章）： 编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓 名 | |  | | | 性别 | | |  | | | 出生年月 | | | |  | | | | | | （2寸免冠近照） | | | | |
| 文化程度 | |  | | | 民族 | | |  | | | 政治面貌 | | | |  | | | | | |
| 残疾类别 | |  | | | 残疾  等级 | | |  | | | 婚姻状况 | | | |  | | | | | |
| 残疾证号 | |  | | | | | | | | | 办证时间 | | | |  | | | | | |
| 身份证号码 | |  | | | | | | | | | | | | | | | | | | |
| 有 何 技  能 特 长 | |  | | | | | | | | | | | | | | | 联系  电话 | |  | | | | | | |
| 家庭住址 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭主要成员及主要社会关系 | 称谓 | | 姓 名 | | | 年龄 | | | | 政治  面貌 | | | 工作单位及职务 | | | | | | | | | | 联系电话 | | |
| 父亲 | |  | | |  | | | |  | | |  | | | | | | | | | |  | | |
| 母亲 | |  | | |  | | | |  | | |  | | | | | | | | | |  | | |
| 配偶 | |  | | |  | | | |  | | |  | | | | | | | | | |  | | |
| 子（女） | |  | | |  | | | |  | | |  | | | | | | | | | |  | | |
|  | |  | | |  | | | |  | | |  | | | | | | | | | |  | | |
|  | |  | | |  | | | |  | | |  | | | | | | | | | |  | | |
| 就业人员是否有劳动、人事  行政部门办理招聘、录用手续 | | | | | | | | |  | | | | | 公务员 | | | | 固定工 | | | | 合同工 | | | 临时工 |
|  | | | |  | | | |  | | |  |
| 何年何月何处参加工作 | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 用人单位对  招聘录用的  残疾工作人  员在岗位是  否合理核定 | | | | 劳动定额 | | | 转正 | | | | | 定级 | | | | 晋升 | | | | 培训 | | | | 职称评定 | |
|  | | |  | | | | |  | | | |  | | | |  | | | |  | |
| 劳动报酬  （月工资） | | | 医疗保险 | | | | | 社会保险 | | | | 生活福利 | | | | 失业保障 | | | | 评奖 | |
|  | | |  | | | | |  | | | |  | | | |  | | | |  | |