**附件1：**

**泉州市就业登记表**

填表时间： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓　　名 |  | | | | | | 性别 | | | |  | | | | 文化程度 | | | | | | |  | | | | | | | | | | | 1寸免冠照片 | |
| 出生年月 | 年 月 日 | | | | | | | | | | 民族 | | | |  | | | | | 政治面貌 | | | | | | | |  | | | | |
| 身份证号码 |  | |  |  |  |  | | |  |  | |  |  |  | | |  |  | |  | | |  |  | | |  | |  |  | | |
| 户籍性质 | ○ 农业　 ○ 非农业　 　○ 居民户  （已取消“农业、非农业、居民户”户口划分的，统一填写“居民户”） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 户籍详细地址 | 省（市、自治区） 市 县（市、区） 街道（乡镇） 社区（村） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 联系电话 |  | | | | | | | | | | | | | | | 电子邮箱 | | | | | | | | |  | | | | | | | | | |
| 就业登记 | 就业单位（或终止就业单位） | | | | | | | | | | | | | | | 劳动合同起止时间 | | | | | | | | | | | | | | | | | 登记类型 | |
|  | | | | | | | | | | | | | | | 年 月 日  至 年 月 日 | | | | | | | | | | | | | | | | | □ 实现就业  □ 终止就业 | |
| 单位类型 | □企业 □事业单位 □机关 □社会团体 □居民家庭 □个体工商户 □个体经济组织 □民办非企业 □灵活就业 □其他 | | | | | | | | | | | | | | | | | | | | | 单位隶属关系 | | | | | | | | | | □中央 □省 □市 □县区 □其他 | | |
| 最高学历（大专以上学历需填写） | 毕业日期 | | | | | | | 毕业学校 | | | | | | | | | | | | | | 所学专业 | | | | | | | | | | | | 获得学历 |
|  | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  |
| 职业资格、专业技术职务及变更情况 | 日　期 | | | | | | | 职业资格、专业技术职务名称 | | | | | | | | | | | | | | 等　级 | | | | | | | | | | | | 备　注 |
|  | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  |
|  | | | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | |  |
| 以下由公共就业和人才服务机构填写 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 就业失业登记证编号 | |  | | | | | | | | | | | | | | | | | 发证时间 | | | | | | | 年 月 日 | | | | | | | | |
| 社医保查询情况： | |  | | | | | | | | | | | | | | | | | | | 最新缴交时间： | | | | | | | | | |  | | | |
| 就业登记受理机构：  经办人（签名）： 经办时间： 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |