附件2

用人单位招用脱贫人口花名册

申请单位（盖章）： 申报日期： 年 月 日

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **身份证号码** | **年龄** | **户籍地址** | **联系方式****（移动电话）** | **劳动合同起止时间** | **上岗****日期** | **连续上岗****月数** | **月均****工资****（元）** |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |

填表人： 联系电话：

备注：本省户籍和外省户籍脱贫人口请分开填写。