附件2

公益性岗位安置建档立卡低收入农户劳动力汇总表

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| 用人单位（盖章）： 填表日期： 年 月 日 | | | | | | | | | | |
| 序号 | 姓名 | 性别 | 年龄 | 建档立卡户号 | 身份证号码 | 就业创业证号码 | 岗位名称 | 工作地址 | 联系电话 | 备注 |
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| 镇区（街道、社区）人社服务中心负责人签字： 用人单位负责人签字： | | | | | | | | | | |