武清区企业自主认定人才申请表

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| **姓 名** | | |  | **性 别** | | | | |  | **出生年月**  **（ 岁）** | |  | | **照片** | | |
| **民 族** | | |  | **身份证/**  **护照号** | | | | |  | | | | |
| **政 治**  **面 貌** | | |  | **参加工作时间** | | | | |  | **健康状况** | |  | |
| **专业技术职 务** | | |  | | | | | | **执业资格证书情况** |  | | | |
| **毕业院校** | | |  | | | | | | | **所学专业** | | | |  | | |
| **学 历** | | |  | | **学 位** | | | |  | **留学**  **国别** |  | | **回国**  **日期** | | |  |
| **手机号码** | | |  | | | | | | **电子邮箱** |  | | | | | | |
| **工作单位及职务** | | | | |  | | | | | | | | | | | |
| **劳动合同（聘用合同）**  **期限** | | | | | | | | **□创业带头人 □创业团队核心人员**  **□固定期限： 年 月 日至 年 月 日**  **□无固定期限** | | | | | | | | |
| **是否在武清缴纳个人所得税** | | | | | | | | **□是 □否** | | | | | | | | |
| **是否在武清缴纳社保** | | | | | | | | **□是 □否** | | | | | | | | |
| **薪资是否达到相应水平** | | | | | | | | **□是 □否** | | | | | | | | |
| **申报条件** | | | | |  | | | | | | | | | | | |
| **申请认定类别** | | | | | **□A类人才 □B类人才 □C类人才** | | | | | | | | | | | |
| **学习工作简历** | | **起始时间** | | | | | **学校或工作单位** | | | | | | | | **本人身份**  **（职务）** | |
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| **本人承诺对填报内容的真实性、完整性、有效性负责。如有虚假，愿承担由此产生的一切责任。**  **本人签名：**  **年 月 日** | | | | | | | | | | | | | | | | |
| **所在单位推荐意见** | | | | | | **企业负责人签字：**    **单位公章**  **年 月 日** | | | | | | | | | | |
| **区**  **人**  **才**  **办** | **资格初审意见** | | | | | **年 月 日** | | | | | | | | | | |
| **面谈复核意见** | | | | | **年 月 日** | | | | | | | | | | |
| **审核意见** | | | | | **单位公章**  **年 月 日** | | | | | | | | | | |

武清区企业自主认定人才面谈复核表

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| **企业名称** | |  | | | | |
| **拟申请认定人才类别情况** | **姓 名** |  | **性 别** |  | **出生年月**  **（ 岁）** |  |
| **民 族** |  | **身份证/**  **护照号** |  | | |
| **政 治**  **面 貌** |  | **参加工作**  **时 间** |  | **健康状态** |  |
| **专业技**  **术职务** |  | | **执业资格证书** |  | |
| **毕 业**  **院 校** |  | | **所学**  **专业** |  | |
| **学 历** |  | | **学 位** |  | |
| **留 学**  **国 别** |  | | **回 国**  **日 期** |  | |
| **现 任**  **职 务** |  | | | | |
| **参加面**  **谈人员** | **姓 名** | **单位及职务** | | | **联系方式** | |
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| **面谈复核情况** |  | | | | | |
| **复核**  **结果** | **复核人签字：** | | | | | |