退役军人基础电子档案信息表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 一、基本信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.基础身份信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*姓 名 | | |  | | | | | | | \*性 别 | | | | | |  | | | | | | | | \*民 族 | | | | | |  | | | | | | | \*出生日期 | | | | | | | |  | | |
| \*身份证号 | | |  | | |  | |  | | | |  | | |  | |  | | |  | | |  | |  | | | |  | |  | | |  | |  | | |  | | |  | |  | |  |  |
| \*身份证  签发机关 | | |  | | | | | | | | | | | | | | | | | | | \*身份证有效期 | | | | | | | | | | | | |  | | | | | | | | | | | | |
| \*政治面貌 | | |  | | | | | | | | | | | | | | | | | | | 健康状况 | | | | | | | | | | | | |  | | | | | | | | | | | | |
| 户籍类别 | | | □城镇 □农村 | | | | | | | | | | | | | | | | | | | \*联系电话 | | | | | | | | | | | | |  | | | | | | | | | | | | |
| \*户籍地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*常住地 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2.家庭成员信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*关系 | | \*姓名 | | | | | | | | | \*联系电话 | | | | | | | | 健康状况 | | | | | | | 就业状态 | | | | | | | | | 工作单位 | | | | | | | | | | 工作职务 | | |
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| **3.最高学历、学位** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*学历情况 | | | | □博士研究生 □硕士研究生 □大学本科  □大学专科 □高中 □中专 □初中及以下 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 取得时间 | | | | | | | |  | | | | |
| 学位情况 | | | | □博士 □硕士 □学士 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 取得时间 | | | | | | | |  | | | | |
| **4.婚姻状况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*婚姻状况 | | | | □未婚 □已婚 □丧偶 □离婚 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5.社会保障情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*养老保险参保情况 | | | | | | | | | □职工基本养老保险 □城乡居民基本养老保险  □企业年金/职业年金 □其他 □未参加 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 养老保险参保地 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 养老保险参保时长（月） | | | | | | | | |  | | | | | | | | | 养老保险  是否中断 | | | | | | | | | □是  □否 | | | | | 养老保险  中断时段 | | | | | | | | |  | | | | | | |
| \*医疗保险参保情况 | | | | | | | | | □职工基本医疗保险 □城乡居民基本医疗保险 □其他 □未参加 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医疗保险参保地 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 医疗保险参保时长  （月） | | | | | | | | |  | | | | | | | | | 医疗保险  是否中断 | | | | | | | | | □是  □否 | | | | | | 医疗保险  中断时段 | | | | | | |  | | | | | | | |
| **6.住房情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住房情况 | | | | | □商品房 □经济适用房 □廉租房 □自建房 □公有住房 □公租房 □其他 □无住房 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住房公积金缴纳情况 | | | | | | | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7.奖惩情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 奖励情况 | \*奖励奖项 | | | | | | □全国劳动模范 □全国先进工作者 □全军职工先进工作者  □省部级劳动模范 □省部级先进工作者 □其他 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 说 明 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 惩罚处分情况 | 处 分 | | | | | | □开除党籍 □开除公职 □刑事犯罪 □其他 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 说 明 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 二、组织生活、社会活动信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.参加组织生活情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在党支部 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 入党时间 | | | | | | | | | |  | | | | | | | | | |
| 是否按时  缴纳党费 | | | | | □是 □否 | | | | | | | | 是否担任  党组织职务 | | | | | | | | □是 □否 | | | | | | | 是否  脱离组织 | | | | | | | | | | □是 □否 | | | | | | | | | |
| 上年度参加  组织活动次数 | | | | | | | | | | | | | □0次 □1-5次 □6-10次 □10次及以上 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **2. 退役军人村、社区“两委”成员（兵支书）基本情况** □有 □无 | | | | | | | | | | | | | | |
| 本人情况 | \*职务 | | □村（社区）党组织书记 □村民委员会主任/社区居委会主任  □村（社区）“两委”成员 □农村合作社负责人  □基干民兵连长 □其他村（社区）专职工作人员 □村居“两委”后备干部 | | | | | | | | | | | |
| \*社会  职务 | | □党代表（乡） □党代表（县） □党代表（市以上）  □人大代表（乡） □人大代表（县） □人大代表（市以上）  □政协委员（县） □政协委员（市以上）  □无 | | | | | | | | | | | |
| \*首次任职时间 | | | |  | | | \*本届任期 | |  | | | 离任时间 |  |
| \*是否兼任  乡镇干部 | | | | □是 □否 | | \*是否兼任  退役军人服务站长 | | | | □是 □否 | | \*有无村干部经历 | □有 □无 |
| \*年 限 | | | |  | | \*任期内受表彰情况 | | | | □乡镇 □区县 □市 □省级以上 □无 | | | |
| \*岗位年收入（万元） | | | | | | □1万元以下 □1-3万元 □3-5万元 □5-8万元  □8-12万元 □12-18万元 □18万元以上□公益（不领取报酬） | | | | | | | |
| \*优势特长 | | | | □生产经营 □农业科技 □其他（简要说明）  □无 | | | | | | | | | |
| 任职村  社区  情况 | \*名称 | | |  | | | | | | | | | | |
| \*人口数量 | | |  | | \*村集体经济年收入（万元） | | |  | | | \*区域面积(平方公里) | |  |
| \*“两委”  成员总人数 | | |  | | \*特色产业 | | | □种植 □养殖 □乡村旅游  □其他（简要说明） □无 | | | | | |
| \*受表彰  情况 | \*表彰级别 | | | | □乡镇 □区县 □市 □省级以上 □无 | | | | | | | | |
| \*表彰事项 | | | | □基层党建类 □集体经济类 □生态环境类 □精神文明类 □基层治理类  □其他（简要说明） | | | | | | | | |

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| **3.志愿服务情况** □有 □无 | | | | | | | | | | | | | | | | |
| 所在志愿  服务组织 | | | 主要服务项目 | | | | | 何时参加志  愿服务活动 | | | | 累计参加志  愿服务时数 | | | | 组织单位 |
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| 三、服役信息 | | | | | | | | | | | | | | | | |
| **1.服役情况**□二次入伍 | | | | | | | | | | | | | | | | |
| \*入伍时间 | |  | | | | | 入伍地 | | |  | | | | | | |
| \*入伍时户籍 | | □城镇 □农村 | | | | | 部队代号 | | |  | | | 大单位 | |  | |
| \*军人类别 | | □军官 □文职 □高级士官 □中级士官  □初级士官 □义务兵 □志愿兵 | | | | | | | | | | | 军 衔 | |  | |
| **2.职级情况** | | | | | | | | | | | | | | | | |
| \*干部类别 | □ 军 官 | | | □行政军官（指挥管理军官）  □技术军官（专业技术军官） | | | | | \*原最高职级 | | | |  | | | |
| □ 文 职 | | | □管理文职 □技术文职 | | | | |
| **3.奖惩情况** | | | | | | | | | | | | | | | | |
| 立功受奖情况 | \*立功受奖  奖 项 | | | | □八一勋章 □大军区以上荣誉称号 □一等功 □二等功 □三等功 □全军士官优秀人才奖 □嘉奖 □其他 □无 | | | | | | | | | | | |
| 说 明 | | | |  | | | | | | | | | | | |
| 惩罚处分情况 | 处 分 | | | | □军纪处分降职 □军纪处分撤职 □军纪处分降衔 □军纪处分警告  □军纪处分严重警告 □军纪处分记过 □军纪处分记大过 □开除军籍  □其他 □无 | | | | | | | | | | | |
| 说 明 | | | |  | | | | | | | | | | | |
| **4.特殊地区服役情况** □有 □无 | | | | | | | | | | | | | | | | |
| \*特殊地区性质 | |  | | | | 服役时长（月） | | | |  | 特殊岗位 | | | □飞行 □舰艇 □涉核 □其他 | | |

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| 四、安置信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.退役信息** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*退役时间  （转业/复员/离退休时间） | | | | | | |  | | | | | | | | | 预备役情况 | | | □是 □否 | | | | \*退役证件类型 | | | | | | | | |  | | | | | | | | | \*退役证件号 | | | | | | | | |  | | | | | |
| **2.人员类别（按安置方式区分）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*人员类别 | 退役干部 | | | | | | | | | □军队离退休干部 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 转业干部（转业军官）：  □企业军转干部 □自愿自行就业军转干部  □计划分配军转干部（转业军官）□自主择业军转干部 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □现役干部转改文职人员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □复员干部（复员军官） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □逐月领取退役金的退役军官 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 退役士兵 | | | | | | | | | □退休士官 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以安排工作方式安置的退役士兵：  □政府安排工作的退役士兵 □自谋职业退役士兵 □灵活就业退役士兵 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以自主就业方式安置的退役士兵：  □复员安置的士官和志愿兵 □回乡生产的退役士兵 □自主就业退役士兵 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □国家供养退役士兵 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □逐月领取退役金的退役军士 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 复员军人 | | | | | | | | | □复员军人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.领取退役金情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否领取  一次性退役金 | | | | | | | □是  □否 | | | | | 领取一次性  退役金金额（元） | | | | | | | | |  | | | | | | | | 领 取时 间 | | | | | |  | | | | | | | | 逐月领取  退役金金额（元） | | | | | | | | | | | |  |
| **4.退役安置情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*安置时间/报到时间 | | | |  | | | | | | | | \*安置地 | | | | | |  | | | | | | | | | | | | | | | | | | | \*安置单位  名称 | | | | | | | | | | |  | | | | | | | |
| \*安置单位性质 | | | | | | | | | □机关 □群团组织 □事业单位  □国有企业 □其他 | | | | | | | | | | | | | | | | | | | | | | 安置职务级别 | | | | | | | | | | | | |  | | | | | | | | | | | |
| **5.军休安置情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*军休类别 | | | | | | □离休干部 □退休干部 □退休士官 □退休改离休干部 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*安置时间 | | | | | | | | | | | | | |  | | | |
| \*安置地 | | | | | |  | | | | | | | | | | | | | | | | | | | | | \*安置管理单位名称 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| \*安置管理单位性质 | | | | | | | | | | | | | □政府管理 □军队管理 | | | | | | | | | | | | | | \*服务管理机构名称 | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 五、就业创业信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.就业情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*就业状态 | | | | | | | | | | | □单位就业 □公益性岗位 □自由职业 □创业 □务农  □国家供养人员 □离退休 □学生 □无业 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*个人年收入  （元） | | | | | | | | | | | □0-10000 □10001-30000 □30001-50000 □50001-120000 □120000以上 | | | | | | | | | | | | | | | | | | | | | | | | | 家庭年收入  （元） | | | | | | | | | | | | | | |  | | | | |
| **2.单位就业情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位类型 | | | | | | | | | | | □国家机关 □事业单位 □国有企业 □集体企业 □私营企业 □外资企业 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 岗位类型 | | | | | | | | | | | □管理岗位□技术岗位 □临时岗位 □劳务工 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否新业态就业 | | | | | | | | | | | □是 □否 | | | | | | 新业态就业类型 | | | | | | | | | | | | | □快递 □外卖 □网约车司机 □家政服务  □网店 □直播 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 单位名称 | | | | | | | | | | |  | | | | | | 单位地址 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 何时进入  现单位工作 | | | | | | | | | | |  | | | | | | 所属行业 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 劳务合同类型 | | | | | | | | | | | □无固定期限合同 □三年及以上有期限合同 □三年以下有期限合同  □未签订劳动合同 □不需要签订劳动合同 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3.创业情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 企业（项目）名称 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | 创业类型 | | | | | | | | | | | | | □企业 □个体工商户 □项目筹划阶段 □其他 | | | | | | | | |
| 职 务 | | □法人代表 □股东 □主要管理人 □合伙人 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 法定代表人 | | | | | | | | | | | | |  | | | | | | | | |
| 法定代表人联系方式 | | | | | | | | | | | | | |  | | | | | | | | 控股情况 | | | | | | | | □国有控股 □集体控股 □私人控股  □港澳台商控股 □外商控股 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 统一社会信用代码 | | | | | | | | | | | | | |  | | | | | | | | 所属行业 | | | | | | | |  | | | | | | | | | | | | | | | | 成立时间  （注册时间） | | | | | | | |  | |
| 注册地址 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 吸纳就业人数 | | | | | | | | | | | | | | |  | |
| 吸纳退役军人人数 | | | | | | | | | | | | | |  | | | | | | | | 资产总额  （万元） | | | | | | | |  | | | | | | | | | | 年营业  收入（万元） | | | | | | | | | | | | | |  | |
| 下(返)乡创业 | | | | | | | | | | | | | | □是 □否 | | | | | | | | 享受扶持  政策情况 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.公益性岗位情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 岗位名称 | | |  | | | | | | | | | | | | | | | | | 从事时间 | | | | | | | |  | | | | | | | | | | 所属行业 | | | | | | | | | | |  | | | | | | |
| **5.自由职业情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 职业名称 | | |  | | | | | | | | | | | | | | | | | 从事时间 | | | | | | | |  | | | | | | | | | | 所属行业 | | | | | | | | | | |  | | | | | | |
| **6.离退休情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 离退休前单位 | | | | | | | |  | | | | | | | | | | | | | | 原单位地址 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 所属行业 | | | | | | | |  | | | | | | | | | | | | | | 退休时间 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| **7.未就业情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 未就业原因 | | | | | | | | □准备考学 □准备创业 □家庭原因暂不考虑工作 □无工作意向，未找工作 □辞职 □暂未找到合适工作□被原单位辞退 □原公司破产、关闭 □身体原因不能工作 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 零就业家庭 | | | | | | | | □是 □否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8.就业意向**□有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作地区 | | | | | | | | 行 业 | | | | | | | | | | | | | | | | 职 业 | | | | | | | | | | | | | | | | | | 薪 资 | | | | | | | | | | | | | |
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| 六、教育培训信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.服役前学历教育情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否在校大学生入伍 | | | | | □是 □否 | | | | | | | | | | 服役前在读学历 | | | | | | | | | | □博士研究生 □硕士研究生 □大学本科  □大学专科 □高中 □中专 □初中及以下 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 已取得学历情况 | | | | | □博士研究生 □硕士研究生 □大学本科 □大学专科  □高中 □中专 □初中及以下 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 取得时间 | | | | | | | | | | |  | | |
| 已取得学位情况 | | | | | □博士 □硕士 □学士 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 取得时间 | | | | | | | | | | |  | | |

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| **2.退役后学历教育情况**□有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 是否复学 | | | | | | | □是 □否 | | | | | | 是否转入其他专业 | | | | | | | | | | □是 □否 | | | | | | | | 是否得到学费资助 | | | | | | | | | □是 □否 | | | |
| 学费资助  金额（元） | | | | | | |  | | | | | | | | 是否继续深造 | | | | | | | | □是 □否 | | | | | | | | 深造学历情况 | | | | | □博士研究生 □硕士研究生 □大学本科 □大学专科 | | | | | | | |
| **3.职业技能培训情况** □有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 培训类型 | | | □适应性培训 □职业技能培训  □个性化培训 □其他培训 | | | | | | | | | | | | | | | | | | | 参加培训情况 | | | | | | | | | | | | □政策规定免费职业技能培训 □其他类型培训  □其他类型培训 | | | | | | | | | |
| 获取证书情况 | | | | | | | | □有 □无 | | | | | | | 证书类别 | | | | | | | | | □职业资格证 □职业技能等级证  □专项职业能力证 □特种作业操作证  □全民技能提升培训合格证 □其他 | | | | | | | | | | | | | | | | | | | |
| 证书名称 | | | |  | | | | | | | | | | | | | | | 职业技能培训后  是否直接就业 | | | | | | | | | | | □是□否 | | | 培训专业与就业  岗位是否匹配 | | | | | | | | | | □是□否 |
| 培训情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 培训经费情况 | | | | | | | | | | | | | |
| 承训机构 | | | | | | | | | | | 专业 | | | | | | | | | | 培训时长（小时） | | | | | | | | | 补助资金（元） | | | | | | | 个人支付金额（元） | | | | | 总金额  （元） | |
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| 七、抚恤优待信息 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.抚恤优待情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*人员类别 | | | | | | | | | □退伍红军老战士 □西路军红军老战士 □红军失散人员 □老复员军人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □带病回乡退伍军人 □年满60周岁农村籍退役士兵 □烈士老年子女 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □残疾军人 □伤残民兵民工 □伤残人民警察  □伤残预备役人员 □因公伤残人员 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □烈士遗属 □因公牺牲军人遗属 □病故军人遗属 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*享受优抚待遇情况 | | | | | | | | | | | | □定期抚恤金 □定期生活补助金 □定期护理费 □不享受 □其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*供养情况 | | | | | | □集中供养 □分散供养 □无 | | | | | | | | | | | | | | 供养单位 | | | | | | | | | □优抚医院 □光荣院□社会福利机构 □其他 | | | | | | | | | | | | | | |
| \*孤老情况 | | | | | | □是 □否 | | | | | | | | | | | | | | 孤儿情况 | | | | | | | | | □是 □否 | | | | | | | | | | | | | | |
| **2.服役时残疾情况**□有 □无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*劳动能力 | | | | | □具备劳动能力 □劳动功能障碍 | | | | | | | | | | | \*生活能力 | | | | | □自理  □生活自理障碍 | | | | | | | | | | | \*是否因患  精神病评残 | | | | | | | □是 □否 | | | | |
| \*残疾性质 | | | | | □因战 □因公  □因病 | | | | | | | | | \*残疾等级 | | | |  | | | \*残疾证件号 | | | | | | |  | | | | | | | | | | \*评残时间 | | | |  | |
| **3.烈士遗属情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*与烈士关系 | | | | | | | |  | | | | | | | | \*是否是持证人 | | | | | | | | | | □是 □否 | | | | | | \*证明书编号 | | | | | | |  | | | | |
| 烈士  情况 | \*姓 名 | | | | | | |  | | | | | | | | \*性 别 | | | | | | | | |  | | | | | | | | \*出生日期 | | | | | |  | | | | |
| 入伍日期 | | | | | | |  | | | | | | | | 生前所在单位 | | | | | | | | |  | | | | | | | | 牺牲日期 | | | | | |  | | | | |
| 牺牲原因 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 评定时间 | | | | | |  | | | | |
| 评定烈士  单位 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | 烈士安葬情况 | | | | | | □境内 □境外 □不清楚 | | | | |
| 烈士安葬地 | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4.因公牺牲军人遗属情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*与因公牺牲  军人关系 | | | | | | | | | |  | | | | | | | \*是否是持证人 | | | | | | | | | | □是 □否 | | | | | | | | \*证明书编号 | | | | | |  | | |
| 因公牺牲军人情况 | | \*姓 名 | | | | | | | |  | | | | | | | \*性 别 | | | | | | | | | |  | | | | | | | | \*出生日期 | | | | | |  | | |
| 入伍日期 | | | | | | | |  | | | | | | | 生前所在单位 | | | | | | | | | |  | | | | | | | | 牺牲日期 | | | | | |  | | |
| 牺牲原因 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 认定时间 | | | | | |  | | |
| **5.病故军人遗属情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*与病故军人关系 | | | | | | | | | |  | | | | | | | \*是否是持证人 | | | | | | | | | | □是 □否 | | | | | | | | 证明书编号 | | | | | |  | | |
| 病故军人情况 | | \*姓 名 | | | | | | | |  | | | | | | | \*性 别 | | | | | | | | | |  | | | | | | | | \*出生日期 | | | | | |  | | |
| 入伍日期 | | | | | | | |  | | | | | | | 生前所在单位 | | | | | | | | | |  | | | | | | | | 病故日期 | | | | | |  | | |
| 病故原因 | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | 认定时间 | | | | | |  | | |

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| 八、褒扬激励信息 | | | | | | | | | | | | | | | | |
| **1.光荣牌悬挂情况** □有 □无 | | | | | | | | | | | | | | | | |
| \*光荣牌悬挂情况 | □是 □否 | | 申请悬挂时间 | |  | | | 悬挂地址 | | | |  | | | | |
| 悬挂时间 |  | | | 是否取消 | | | □是□否 | | 是否更换 | | | | □是 □否 | | 更换时间 |  |
| **2.接受慰问情况** □有 □无 | | | | | | | | | | | | | | | | |
| 慰问时间 | | 慰问方式 | | | | | | | | | 慰问单位 | | | | | |
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| **3.荣誉激励情况** □有 □无 | | | | | | | | | | | | | | | | |
| 受邀参加国家重大庆典和纪念活动情况 | | 时间 | | | | 活动名称 | | | | | | | | | 备注 | |
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| 受邀参加地方重大庆典和纪念活动情况 | | 时间 | | | | 活动名称（省市） | | | | | | | | | 备注 | |
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| 受邀参加军队重大庆典和纪念活动情况 | | 时间 | | | | 活动名称 | | | | | | | | | 备注 | |
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| 其他荣誉  激励情形 | |  | | | | | | | | 纳入地方志情况 | | | |  | | |

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| **4.受邀参加爱国主义及国防教育活动情况**□有 □无 | | | | | | |
| 活动类型 | 活动名称 | | 邀请单位 | 时间 | | 备注 |
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| **5.褒扬宣传情况** □有 □无 | | | | | | |
| 宣传方式 | 宣传内容 | | 宣传媒体 | 时间 | | 备注 |
|  |  | |  |  | |  |
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| **6.公墓安葬意愿情况** | | | | | | |
| 是否符合条件 | □是 □否 | | 是否愿意申请军人公墓 | | □是 □否 | |
| 九、帮扶援助信息 | | | | | | |
| **1.政策保障情况** | | | | | | |
| \*享受政策情况 | | □低保 □特困 □不享受政策保障情况 | | | | |
| **2.困难情况** | | | | | | |
| 困难类型 | | □就业困难 □医疗困难 □养老困难 □住房困难 □教育困难  □其他困难（因灾害、事故、见义勇为等突发事件造成的困难） | | | | |
| 困难情况说明 | |  | | | | |
| **3.帮扶情况** | | | | | | |
| 帮扶日期 | | 帮扶措施 | | | | |
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|  | |  | | | | |
| 帮扶结果 | | □已脱困 □未脱困 | | | | |
| 十、本人签字 | | | | | | |
| 本人签字 | 以上信息均由本人根据自己实际情况填写  年 月 日 | | | | | |