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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件2  泉州市特色劳务品牌培育单位 年培训就业人员花名册 | | | | | | | | | | |
| 劳务品牌培育单位：（盖章） 填报时间： | | | | | | | | | | |
| 序号 | 姓 名 | 身份证号码 | 联系电话 | 培训项目 | 培训时间 | 是否为就业困难人员 | 培训后获取证书情况 | 培训后是否从事劳务品牌相关工作 | 就业/创业单位 | 备注 |
| 1 |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |
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