**北京市养老服务从业人员诚信评价信息采集表**

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| 基本情况 | | | | | | | | | | | | | | | | | | |
| 从业类型 | | □管理人员 □养老护理员□家政服务员  专业技术人员（□医师、□护士、□康复师、□心理咨询师、□社会工作者、□财务、□餐饮工作者、□消防岗位资格人员、□其他专业技术人员）  □其他工作人员 | | | | | | | | | | | | | | | | 照片 |
| 姓名 | |  | | | | | | | | | | | | | | | |
| 性别 | |  | | | | | 证件类型 | | | | |  | | | | | |
| 证件号码 | |  | | | | | | | | | | | | | | | |
| 联系方式 | |  | | | | | | | | | | | | | | | |
| 工作地址 | |  | | | | | | | | | | | | | | | | |
| 所在单位 | |  | | | | | | | | | 统一社会信用代码 | | | |  | | | |
| 所在单位类型 | | | | | □养老机构 □养老驿站 □其他：\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| 与所在单位签署合同类型 | | | | |  | | | | | | | | | | | | | |
| 员工类型（养老驿站填写） | | | | | □养老机构派驻 □养老驿站聘用 □其他\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | |
| 健康状况 | | | | | | | | | | | | | | | | | | |
| 是否持有有效健康证 | | | | | | | | | □是 □否 | | | | | | | | | |
| 健康证号 |  | | | | | | | | 有效日期 | | | | |  | | | | |
| 职业资格 | | | | | | | | | | | | | | | | | | |
| 所持职业资格证书 | | | | 等级 | | | | 编号 | | | | | 取得时间 | | | 发放单位 | | |
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| 从业经历 | | | | | | | | | | | | | | | | | | |
| 从业年限 | | | 共计 \_\_\_\_\_年\_\_\_\_\_季度 月 | | | | | | | | | | | | | | | |
| 曾工作过的机构/单位 | | | 自何年何月到何年何月 | | | | | | | | | | | 主要从事工作内容 | | | | |
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| 当前劳动合同起止日期 | | | \_\_\_\_\_\_\_年\_\_\_\_\_\_\_月 至 \_\_\_\_\_\_\_年\_\_\_\_\_\_\_月 | | | | | | | | | | | | | | | |
| 教育经历 | | | | | | | | | | | | | | | | | | |
| 学校名称 | | | 自何年何月到何年何月 | | | 专业 | | | | 所获学历学位 | | | | 学历证书编号 | | | | 备注 |
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| 专业培训经历 | | | | | | | | | | | | | | | | | | |
| 培训名称 | | | 培训机构 | | | 自何年何月到  何年何月 | | | | 培训内容 | | | | 培训时长 | | | | 备注 |
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| 年度评价结果 | | | | | | | | | | | | | | | | | | |
| 年份 | | | 评价内容（德、能、勤、纪、廉等方面描述） | | | | | | | | | | | 满意度（优秀、合格、基本合格、不合格） | | | | |
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| 投诉处罚信息 | | | | | | | | | | | | | | | | | | |
| 投诉时间 | | | 投诉内容 | | | | | | | | | | | 处理主体（内部、热线、民政部门） | | | 处理结果 | |
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| 本年度服务人次（管理人员记机构总计服务人次） | | | | | | | | | | | | | |  | | | | |
| 本年度被投诉次数（管理人员记机构总计被投诉次数） | | | | | | | | | | | | | |  | | | | |
| 本机构处罚记录次数 | | | | | | | | | | | | | |  | | | | |
| 荣誉信息 | | | | | | | | | | | | | | | | | | |
| 奖项名称 | | | 获奖时间 | | | | | | | | | | | 颁发单位 | | | | |
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| 不良信息 | | | | | | | | | | | | | | |
| 信用卡逾期 | | | | | 当前逾期金额 | | | |  | | | | | |
| 当前逾期期数 | | | |  | | | | | |
| 累计逾期天数 | | | |  | | | | | |
| 贷款逾期 | | | | | 当前逾期金额 | | | |  | | | | | |
| 当前逾期期数 | | | |  | | | | | |
| 累计逾期天数 | | | |  | | | | | |
| 失信被执行人 | | | | | | | | | | | | | | |
| 案号 | 执行法院 | | 地域名称 | 执行依据文号 | | 做出执行依据单位 | 法律生效文书确定的义务 | 被执行人履行情况 | | 失信被执行人具体情形 | 发布时间 | 立案时间 | 已履行部分 | 未履行部分 |
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| 公共事业费欠费记录 | | | | | | | | | | | | | | |
| 水费 | | 当前欠缴金额 | | | | | | |  | | | | | |
| 当前欠缴期数 | | | | | | |  | | | | | |
| 累计欠缴天数 | | | | | | |  | | | | | |
| 电费 | | 当前欠缴金额 | | | | | | |  | | | | | |
| 当前欠缴期数 | | | | | | |  | | | | | |
| 累计欠缴天数 | | | | | | |  | | | | | |
| 供暖费 | | 当前欠缴金额 | | | | | | |  | | | | | |
| 当前欠缴期数 | | | | | | |  | | | | | |
| 累计欠缴天数 | | | | | | |  | | | | | |
| 燃气费 | | 当前欠缴金额 | | | | | | |  | | | | | |
| 当前欠缴期数 | | | | | | |  | | | | | |
| 累计欠缴天数 | | | | | | |  | | | | | |
| 电信费 | | 当前欠缴金额 | | | | | | |  | | | | | |
| 当前欠缴期数 | | | | | | |  | | | | | |
| 累计欠缴天数 | | | | | | |  | | | | | |

从业人员本人签字： 养老服务机构负责人签字：

填报时间：