附件：

**单位从业人员基本信息调查表**

单位名称：

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| 身份证号码 | 姓名 | 职务1：法人代表  2：保卫人员  3：从业人员  4：其他 | 联系电话 | 现居住住址 | 户口所在地 | 在职状态 |
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| 备注：单位从业人员包括：在编、非编、社会用工。 | | | | | | |