5月29日大型公益性招聘会参会回单

填写时间：

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 单位名称（公章） | |  | | | | | | | | | | |
| 单位地址 | |  | | | | | | | | | | |
| 所属行业 | |  | | | | 营业执照 | | | |  | | |
| 人力资源负责人 | |  | | | | 移动电话 | | | |  | | |
| 办公电话 | |  | | | | 传真电话 | | | |  | | |
| 电子邮箱 | |  | | | | 单位网址 | | | |  | | |
| **单位简介** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **参会代表** | **姓名** | | **性别** | | **职务** | | | **移动电话** | | | **办公电话** | |
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| **招 聘 意 向** | | | | | | | | | | | | |
| 序号 | 招聘岗位 | | | 专业学历要求 | | | 招聘人数 | | 薪酬待遇 | | | 聘用上岗时间 |
| 1 |  | | |  | | |  | |  | | |  |
| 2 |  | | |  | | |  | |  | | |  |
| **备注** | | | | **请于招聘会当天将回执单、营业执照复印件、招聘简章带至招聘会现场，谢谢合作！** | | | | | | | | |

**单位负责人（签字）：**