**附件：**

**用人单位参会报名表**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 工商注册单位名称 | |  | | | 单位性质 | |  | 所属行业 |  |
| 单位地址 | |  | | | 招聘联系人 | |  | 手机号码 |  |
| 单位应聘邮箱 | |  | | | 单位应聘电话 | |  | 单位应聘传真 |  |
| 单位简介 | | （限300字以内） | | | | | | | |
| 招聘意向线路 | |  | | | | | | | |
| **需 求 信 息** | | | | | | | | | |
| **序号** | **岗位名称** | **需求人数** | **专业名称** | **学历要求** | | **月薪** | **其他任职条件** | | |
| 1 |  |  |  |  | |  |  | | |
| 2 |  |  |  |  | |  |  | | |
| 3 |  |  |  |  | |  |  | | |
| 4 |  |  |  |  | |  |  | | |
| 5 |  |  |  |  | |  |  | | |
| 6 |  |  |  |  | |  |  | | |
| 7 |  |  |  |  | |  |  | | |