**用人单位报名回执**

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| **单位全称** |  | | | | | | | |
| **单位性质** |  | | | **单位规模** | |  | | |
| **岗位情况** | | | | | | | | |
| **岗 位** | **人 数** | **专业需求** | **工作内容** | **薪资待遇** | | | **每月休息天数** | **备注** |
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| **员工住宿** | 免费提供□ 自费提供□ 不提供□ | | | **员工用餐** | 免费提供□ 自费提供□ 不提供□ | | | |
| **社保、公积金缴纳情况** |  | | | **专业是否**  **必须匹配** |  | | **是否可以网签** |  |
| **企业联系人** |  | | | **联系人职务** |  | | | |
| **联系人手机** |  | | | **参会人数** |  | | | |
| **企业简介**  **（300字以内）** |  | | | | | | | |

**注：请随报名回执附营业执照（须加盖企业公章）扫描件及电子招聘简章、海报等相关材料。**