**用人单位需求毕业生情况登记表**

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| **单位名称（盖章）** |  | | | **单位性质** | |  | | **邮编** |  |
| **单位地址** |  | | | **单位网址** | |  | | **组织机构代码** |  |
| **单位所属行业** |  | | | **招聘联系人** | |  | | **联系电话**  **E-mail** |  |
| **参会人数** |  | | | **预定展位数** | |  | | **是否需要安排笔试、面试场地** |  |
| **贵单位是否有本院往届毕业生前来参会的工作人员: 电话：** | | | | | | | | | |
| **岗位名称** | | **招聘人数** | **所需专业** | | **学历层次** | | **岗位要求** | | |
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| **单位简介**  （介绍要求清晰，字数300字左右，可另附） | |  | | | | | | | |
| **备 注** | | 请如实填写此表，并加盖公章，填写完毕后请扫描将电子版发送到sdxxxyxb@163.com. | | | | | | | |