**达州中医药职业学院毕业生双选会参会回执**

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| **单位名称**  **（用人单位全称）：** | |  | | **单位登记注册类型：** | |  |
| **企业所在地区：** | |  | | **单位员工规模（人）：** | |  |
| **行业：** | |  | | **参会人数：** | |  |
| **参会联系人：** | |  | | **联系方式：** | |  |
| **单位简介（200字内）：** | | | | | | |
| **单位招聘情况** | | | | | | |
| **序号** | **招聘岗位** | | **专业要求** | | **拟招人数** | **毕业生就业**  **起薪（元）** |
| **1** |  | |  | |  |  |
| **2** |  | |  | |  |  |
| **3** |  | |  | |  |  |
| **4** |  | |  | |  |  |