附件4

供需见面会毕业生需求信息表

用人单位全称（盖章）： 填报日期： 年 月 日

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| 单位性质 | □机关 □事业单位 □高等学校 □国有企业 □股份制企业 □私营企业 □三资企业 □医疗卫生 □外资企业 □部队 □其他 | | | | | | | | | | | | | | | | |
| 联系部门 |  | | 联系人 |  | | 联系电话 | |  | | 传真 |  | | | 手机 |  | | |
| 单位主管部门 | |  | | | | 单位所属行业类型 | | |  | | | | | | | | |
| 电子邮箱 |  | | | | | 单位网址 | |  | | | | | | | | | |
| 通讯地址 |  | | | | | | | | | | | | 邮政编码 | | |  | |
| 需求毕业生的基本要求和待遇 | | | | | | | | | | | | | | | | | |
| 岗位名称 | 专 业 | | | | 需求人数 | | 拟工作单位（部门）及地址 | | | | | 工资福利待遇 | | | | | 备注 |
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注：本回执请用人单位填写，发送至拟参加的供需见面会承办高校。