**附件**

**四川体育职业学院2024届毕业生秋季双选会**

**参会回执**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **单位名称** | |  | | | | | **单位性质** |  | |
| **通讯地址** | |  | | | | | **联系邮箱** |  | |
| **参会人员** | | **姓名** | **性别** | | **职务** | | **办公电话** | | **手机号（必填）** |
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| **单**  **位**  **简**  **介** |  | | | | | | | | |
| **招**  **聘**  **职**  **位** | | **招聘岗位** | | **招聘人数** | | **薪资范围** | | **岗位要求** | |
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