附件1：

参会企业信息登记表

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 用人单位基本信息 | | | | | | | | | | | |
| 单位名称 | |  | | | | 统一社会信用代码 | | |  | | |
| 所属行业 | |  | 单位性质 | | | |  | | 成立时间 | |  |
| 单位地址 | |  | | | | | | | | | |
| 开展业务  简要概述 | |  | | | | | | | | | |
| 现有残疾人职工数 | | | |  | | | 拟招聘残疾人数 | |  | | |
| 联 系 人 | | | |  | | | 联系电话 | |  | | |
| 招聘岗位信息 | | | | | | | | | | | |
| 招工岗位 | 岗位1 | | | | 岗位2 | | | 岗位3 | | 岗位4 | |
| 招工人数 |  | | | |  | | |  | |  | |
| 年龄要求 |  | | | |  | | |  | |  | |
| 残疾要求 |  | | | |  | | |  | |  | |
| 学历要求 |  | | | |  | | |  | |  | |
| 专业要求 |  | | | |  | | |  | |  | |
| 工作地点 |  | | | |  | | |  | |  | |
| 工作时间 |  | | | |  | | |  | |  | |
| 保险情况 |  | | | |  | | |  | |  | |
| 食宿情况 |  | | | |  | | |  | |  | |
| 试用期 |  | | | |  | | |  | |  | |
| 技能、经  验要求 |  | | | |  | | |  | |  | |
| 工资待遇 |  | | | |  | | |  | |  | |

注：除上述招聘信息外，用人单位还应提供企业营业执照副本复印件，经办人身份证复印件。