**附件：**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **内部员工招聘新人推荐表** | | | | | | | |
| **被招聘人资料** | | | | | | | |
| 姓名 | |  | 性别 |  | | 年龄 |  |
| 招聘门店 | |  | 招聘职位 |  | | 填表日期 |  |
| 药店工作时间 | |  | | | | | |
| 职业资格证书 | |  | | | | | |
| 身份证号码 | |  | | 联系电话 | |  | |
| 身份证地址 | |  | | | | | |
| **招聘人资料** | | | | | | | |
| 姓名 | 门店/部门 | | 职务 | | 与被招聘人关系 | | |
|  |  | |  | |  | | |
| 以上被招聘人员信息属实    招聘人签字： | | | | | | | |
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