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| 附件2  **所在单位同意应聘证明信** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **姓 名** |  | | | **性别** | | |  | | | **出生年月** | | |  | | |
| **身份证号码** | |  | | | | | **工作时间** | | |  | | | | | |
| **现工作单位及岗位** |  | | | | | | | | | | | | | | |
| **现实表现** |  | | | | | | | | | | | | | | |
| **有无违规**  **违纪行为** |  | | | | | | | | | | | | | | |
| **人事关系所在单位意见** | 该同志人事关系现在我处，其人事档案现在我处保管。我单位同意其参加本次聊城市怡养健康服务有限公司岗位应聘，如其被聘用，我单位将配合办理其人事档案、工资保险等移交手续。  单 位：（加盖公章）  单位负责人:（签字） 年 月 日 | | | | | | | | | | | | | | |
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