|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 附件4 | |  |  |  |  |  |  |  |  |  | |  |  |
| 齐鲁和谐使者申报人员基本情况汇总表 | | | | | | | | | | | | | |
| **呈报单位（盖章）： 填报日期：2020年 月 日** | | | | | | | | | | | | | |
| 推荐 | 呈报单位 | 姓 名 | 性 别 | 出生年月 | 文化程度 | 政治面貌 | 身份证号 | 工作单位 | 职务或职称 | 职业水平评价级别及取得时间 | 社会工作（养老服务）从业年限 | | 备注 |
|
| 1 |  |  |  |  |  |  |  |  |  |  |  | |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  | |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  | |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  | |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  | |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  | |  |
| …… |  |  |  |  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | |  |
|  |  |  |  |  |  |  |  |  |  |  |  | |  |