附件1

全国社会工作者职业水平考试排摸表

填报单位：

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| **姓 名** | **职 务** | **学 历** | **专 业** | **工作年限** | **报考级别**  **（初、中、高级）** | **联系电话** | **备注** |
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填表人： 联系电话：