**Anexo I ao Edital n. 1/2017 – SAD/SEDHAST – Processo Seletivo Simplificado**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FICHA DE INSCRIÇÃO:**  **RESIDÊNCIA INCLUSIVA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **N. DE INSCRIÇÃO:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Qt.de folhas entregues** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Nome do Candidato:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | |
|  | | |  | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | |
| **Nome Social do Candidato: (De acordo com DECRETO Nº 13.684, DE 12 DE JULHO DE 2013.)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | |
|  | | |  | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | |
| **Telefones para contato:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Data de Nascimento** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Sexo** | | | | | | | | | | | | | | **CPF** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dia | | | | | | | | | | Mês | | | | | | | | | | | | | Ano | | | | | | | | | | | | | | | | | | | | M | | | | | | | | F | | | | | | Número | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | | | | |  | | | |  | | | | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | |
| **Documento de Identidade** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Órgão Expedidor** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **UF** | | | | | | | | |
|  | |  | | | |  | | | | |  | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |
| **Endereço: Rua, Avenida, n°, Apto, Bloco.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  |
|  |  | | | |  | | | | |  | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | |  | | | | | |  | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  |
| **Bairro:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CEP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | | |  | | | | |  | |
| **Município** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **UF** | | | | | | | | | |
|  |  | | | |  | | | |  | | | |  | | | | | |  | | | | | | |  | | | | | |  | | | | |  | | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | |  | | | | |  | | | | |  | | | | |
| **E-mail** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Possui Conta Bancária no Banco do Brasil? ( ) Sim ( ) Não** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Agência | | | | | | | |  | | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | | | N° conta | | | | | | | | | | | | | | | | | | |  | | | | | |  | |  | | | | | |  | | | | |  | | | |  | | | | |  | | | | |  | | | | |  | | | | | |  | | | | | |  | | | | | | | | | | |
| **FUNÇÃO PRETENDIDA/ RESIDÊNCIA INCLUSIVA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **LOCAL/MUNICIPIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ( ) COORDENADOR  ( ) PSICÓLOGO  ( ) ASSISTENTE SOCIAL  ( ) TERAPEUTA OCUPACIONAL  ( ) CUIDADOR  ( ) MOTORISTA  ( ) AUXILIAR DE CUIDADOR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ( ) Residência Inclusiva/Dourados | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declaro que aceito as condições descritas no Edital que rege este processo seletivo e, se convocado para contratação, que apresentarei todos os documentos comprobatórios dos requisitos pessoais, de escolaridade e profissionais para assinar o contrato.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2017.    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ASSINATURA DO CANDIDATO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**- - - - - - -- - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - - -**

|  |  |
| --- | --- |
| COMPROVANTE DE INSCRIÇÃO DO PROCESSO SELETIVO | |
| NOME DO CANDIDATO: | |
| FUNÇÃO: | |
| MUNICIPIO: DOURADOS | |
| LOCAL: RESIDENCIA INCLUSIVA | |
| QUANTIDADE DE FOLHAS ENTREGUES: | |
| INFORMAÇÕES PELO TELEFONE: 3318-4110 | ASSINATURA RECEPÇÃO |