**TESTE DE SELEÇÃO PARA SUPLÊNCIA – 2014/2015 FICHA DE INSCRIÇÃO N°\_\_\_\_\_\_\_\_**

NOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOME ARTÍSTICO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATA DE NASCIMENTO:\_\_\_\_/\_\_\_/\_\_\_\_\_\_\_\_

NATURALIDADE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NACIONALIDADE:\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_IDADE: \_\_\_\_ANOS

ESTADO CIVIL: \_\_\_\_\_\_\_\_\_\_\_\_\_ RG:\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EXPEDIDO EM:\_\_/\_\_/\_\_\_ ORGÃO EXPEDIDOR:\_\_\_\_\_\_\_

CPF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CARTEIRA PROFISSIONAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SÉRIE:\_\_\_\_\_\_\_\_\_\_\_

DRT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FUNÇÃO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PIS / PASEP:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TÍTULO DE ELEITOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZONA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_SEÇÃO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CERTIFICADO DE RESERVISTA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SÉRIE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CATEGORIA:\_\_\_\_\_\_\_\_

ALTURA:\_\_\_\_\_\_\_\_\_\_\_ PESO:\_\_\_\_\_ KG - COR DOS OLHOS:\_\_\_\_\_\_\_\_\_\_\_\_ COR DOS CABELOS:\_\_\_\_\_\_\_\_\_\_

ENDEREÇO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BAIRRO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CEP \_\_\_\_\_\_\_\_\_\_\_\_ CIDADE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UF: \_\_\_\_\_\_\_

TELEFONE: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CELULAR: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RECADOS: ( ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINCIPAIS PROFESSORES: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ANOS DE ESTUDO DE BALÉ: \_\_\_ANOS

PRINCIPAIS EXPERIÊNCIAS PROFISSIONAIS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OUTRAS HABILIDADES ARTÍSTICAS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CIRURGIAS ANTERIORES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOENÇAS PRÉ-EXISTENTES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assinatura \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_