



SECRETARIA MUNICIPAL DE SAÚDE  
PREFEITURA MUNICIPAL DE PRESIDENTE KENNEDY  
ESTADO DO ESPÍRITO SANTO  
PROCESSO SELETIVO SIMPLIFICADO Nº 001/2017 e 002/2017

**FORMULÁRIO DE RECURSO**

**NOME:**

CPF Nº: \_\_\_\_\_, DOC. DE IDENTIDADE: \_\_\_\_\_,  
ORG. EMISSOR: \_\_\_\_\_, UF: \_\_\_\_\_

ENDEREÇO: \_\_\_\_\_, Nº \_\_\_\_\_

COMPLEMENTO: \_\_\_\_\_, BAIRRO: \_\_\_\_\_,

CEP: \_\_\_\_\_ CIDADE: \_\_\_\_\_, UF: \_\_\_\_\_

CEL.: (\_\_\_\_) \_\_\_\_\_, TEL. RES.: (\_\_\_\_) \_\_\_\_\_,

TEL. P/ RECADO: (\_\_\_\_) \_\_\_\_\_, RECADO COM: \_\_\_\_\_

CARGO ESCOLHIDO: \_\_\_\_\_ Nº DE INSCRIÇÃO: \_\_\_\_\_

**MOTIVO DO RECURSO:**

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PRES. KENNEDY/ES. \_\_\_\_ DE MAIO DE 2017.

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ASSINATURA DO CANDIDATO