



SECRETARIA MUNICIPAL DE ASSISTÊNCIA SOCIAL DE PRESIDENTE  
KENNEDY  
PROCESSO SELETIVO SIMPLIFICADO Nº 01/2015

FORMULÁRIO DE RECURSO

NOME:

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

ENDEREÇO: \_\_\_\_\_, Nº \_\_\_\_\_

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

CEP: \_\_\_\_\_

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

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

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

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

MOTIVO DO RECURSO:

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PRES. KENNEDY/ES. \_\_\_\_\_ DE \_\_\_\_\_ DE 2015.

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ASSINATURA DO CANDIDATO