



PREFEITURA MUNICIPAL DE SÃO GABRIEL DA PALHA  
SECRETARIA MUNICIPAL DE ADMINISTRAÇÃO

NOME DO CANDIDATO: \_\_\_\_\_

DATA DE NASCIMENTO: \_\_\_\_\_

NÚMERO DE INSCRIÇÃO: \_\_\_\_\_

TELEFONE: \_\_\_\_\_ CARGO: \_\_\_\_\_

ASSINATURA DO CANDIDATO: \_\_\_\_\_

**ELETRECISTA PREDIAL**

1	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
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Você deverá pintar apenas uma alternativa

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8	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
9	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
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ASSINATURA DO CANDIDATO: \_\_\_\_\_

**PEDREIRO – Ensino Fundamental Completo**

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