

**FORMULÁRIO DE CANDIDATURA**

**PROCEDIMENTO CONCURSAL PARA ASSISTENTE TÉCNICO**

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**1. DADOS PESSOAIS**

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**Nome**

**completo:**

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| **Data de nascimento:** |  |  |  |  |  |  |  |  |  |  |  | **Sexo:** | **Masculino** |  | **Feminino** |  |

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| **Nacionalidade:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Nº de Identificação Fiscal:** |  |  |  |  |  |  |  |  |  |  |

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| **Morada:** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Código Postal:** |  |  |  |  |  |  |  |  |  | **Localidade:** |  |

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| **Concelho de residência:** |  |  |  |  |  |  |  |  |  |  |

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| **Telefone:** |  |  |  |  |  |  |  |  |  |  | **Telemóvel:** |  |  |  |  |  |  |  |  |  |

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| **Endereço eletrónico:** |  |  |  |  |  |  |  |  |  |  |

**2. NÍVEL HABILITACIONAL**

**Assinale o quadrado apropriado:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **01** | Licenciatura / CTP nas áreas mencionadas no ponto 6 do Aviso |  |
|  | **02** | Licenciatura / Mestrado |  |
|  | **03** | 12.º ano |  |

**3. EXPERIÊNCIA PROFISSIONAL E FUNÇÕES EXERCIDAS**

**3.1 Experiência comprovada, como Assistente Técnico, na área hospitalar:**

|  |  |
| --- | --- |
| **Sim** | **Não** |

**3.2 Experiência profissional:**

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| --- | --- | --- |
|  | **Início Sim** | **Não** |
| **Experiencia profissional como Assistente Técnico no CHMA** |  |  |

**3.3 Funções exercidas, diretamente relacionadas / com relevância com o posto de trabalho a que se candidata:**

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| **Funções** | **Data Data** | |
| **Início Início** | **Fim** |
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**4. DECLARAÇÃO**

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**Declaro que são verdadeiras as informações acima prestadas, bem como as informações constantes no *currículo* que**

**junto.**

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| **Localidade:** |  |  |  |  |  |  |  |  |  |  | **Data:** |  |

**Assinatura**

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|  | **Início Sim** | **Não** |
| **Disponibilidade imediata** |  |  |

**Documentos que anexa à candidatura:**

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| --- | --- | --- | --- |
| ***Currículo*** |  |  |  |
| **Fotocópia Certificado Habilitações** |  |  | **Outros:** |