



1 PLAZA

Apellidos: CAPATAZ
 Nombre: _____ Fecha: 26/4/24
 Firma: PROCESO ESTABILIZACION
 (Por favor, al firmar no sobrepase la zona sombreada)

Tipos de acceso

Libre Promoción interna Discapacitado

D.N.I.

Ejemplo D.N.I.

2	5	8	9	0	3	1
0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Consiento expresamente en la corrección de esta prueba, por medios manuales o mecánicos, y en la incorporación de sus resultados a un fichero automatizado, con los requisitos establecidos en la Ley Orgánica 15/99 de protección de datos, y me doy por enterado de mi derecho a acceder a la información contenida en el mismo, rectificarla o cancelarla en lo que me afecte.

MUY IMPORTANTE: LEA LAS INSTRUCCIONES DEL DORSO ANTES DE CUMPLIMENTAR EL DOCUMENTO

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				PREGUNTAS RESERVA
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