Ayuntamiento de Gijón/Xixón

AUXILIAR DE SERVICIOS

02497

PRIMER APELLIDO: PRIMER EJERCICIO

SEGUNDO APELLIDO:

NOMBRE:

D.N.I. / PASAPORTE: Letra:

FECHA: 20 / 11 / 2023

FIRMA:

| | A | B | C | D |
|---|---|---|---|---|
| 1 | X | | | |
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PREGUNTAS DE RESERVA

| | A | B | C | D |
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| 101 | X | | | |
| 102 | | X | | |
| 103 | | X | | |
| 104 | | | X | |
| 105 | | | X | |

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