ANEXO N° 7

FORMULARIO DESEMPEÑO LABORAL Y/O ASISTENCIAL

**NOMBRE DEL POSTULANTE** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTA: Completar Formulario de acuerdo al orden de los certificados adjuntos.

Fotocopiar esta página cuando sea necesario.

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| **ESTABLECIMIENTO** | **LEY(19.378/ 19.664/ 15.076)** | **JORNADA (44, 33, 22, 11, 28 HORAS)** | **FECHA INICIO (DD/MM/AA)** | **FECHA DE TERMINO (DD/MM/AA)** | **N° MESES DE ANTIGUEDAD** |
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