**ANEXO III**

**IMPRESO DE AUTOBAREMACIÓN**

*A) DATOS PERSONALES:*

*PRIMER APELLIDO*

*SEGUNDO APELLIDO*

*NOMBRE*

*DNI*

*DOMICILIO Y POBLACION*

*TELEFONO*

*CORREO ELECTRONICO*

*B) RELACIÓN NUMERADA DE MÉRITOS:*

*DOC. NUM.1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DOC. NUM.2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DOC.NUM. 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DOC.NUM.4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*DOC.NUM.8\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*DOC.NUM.12\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*DOC.NUM.14\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DOC.NUM.15\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DOC.NUM.16\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DOC.NUM.17\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DOC.NUM.18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*DOC.NUM.27\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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*DOC.NUM.29\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*DOC.NUM.30\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*La relación numerada habrá de ir acompañada de copia compulsada de todos los documentos que lo justifiquen.*

*C) FORMULARIO DE AUTOBAREMACIÓN:*

*1) EXPERIENCIA PROFESIONAL:*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *DOC Nº* | *ENTIDAD, EMPRESA O PERIODO CUENTA PROPIA* | *PUESTO*  *TRABAJO* | *FECHA*  *INICIO* | *FECHA*  *FIN* | *MESES*  *COMPLE-TOS* | *PROPUESTA*  *BAREMACION* | *BAREMACIÓN*  *TRIBUNAL* |
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*2) TITULACIÓN:*

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| *DOC Nº* | *ENTIDAD, QUE ACREDITA LA TITULACIÓN* | *TITULO* | *PROPUESTA*  *BAREMACION* | *BAREMACIÓN*  *TRIBUNAL* |
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*3) CURSOS DE FORMACIÓN Y PERFECCIONAMIENTO PROFESIONAL:*

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| *DOC Nº* | *CENTRO QUE IMPARTE LA FORMACION* | *NOMBRE CURSO* | *Nº DE HORAS* | *PROPUESTA*  *BAREMACION* | *BAREMACIÓN*  *TRIBUNAL* |
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**SR. ALCALDE-PRESIDENTE DEL EXCMO. AYUNTAMIENTO DE CHINCHILLA**