



**Processo Seletivo Simplificado Edital nº 002/2025**

**CARTÃO DE RESPOSTAS – MOTORISTA “D”**

NOME: \_\_\_\_\_

DATA DE NASCIMENTO: \_\_\_\_\_

**Instruções para o preenchimento**

Cada questão tem somente uma alternativa correta.

Se estiver rasurado ou com mais de uma alternativa a questão será anulada.

Preencha com caneta esferográfica preta ou azul.

Marque assim

Não Marque assim

1	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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20	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

NOTA: \_\_\_\_\_

CORRETOR: \_\_\_\_\_