

PROCESSO SELETIVO PARA O PROGRAMA JOVEM APRENDIZ

GABARITO

CANDIDATO(A): _____

ASSINATURA: _____

INSCRIÇÃO: _____ RG: _____ SSP/_____

Forma correta de marcação do Cartão-Resposta:

| 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 09 | 10 | 11 | 12 | 13 | 14 | 15 |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | A | A | A | A | A | A | A | A | A | A | A | A |
| B | B | B | <input checked="" type="checkbox"/> | B | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | B | <input checked="" type="checkbox"/> | B | B | B | <input checked="" type="checkbox"/> | B | <input checked="" type="checkbox"/> |
| C | C | C | C | C | C | C | C | C | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | C | C | C | C |
| D | D | D | D | <input checked="" type="checkbox"/> | D | D | <input checked="" type="checkbox"/> | D | D | D | <input checked="" type="checkbox"/> | D | <input checked="" type="checkbox"/> | D |

| 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input checked="" type="checkbox"/> | A | A | A | A | A | <input checked="" type="checkbox"/> | A | A | A | A | A | <input checked="" type="checkbox"/> | A | A |
| B | B | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | B | B | B | B | <input checked="" type="checkbox"/> | B | B | B | B |
| C | <input checked="" type="checkbox"/> | C | C | C | C | C | C | C | <input checked="" type="checkbox"/> | C | C | C | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| D | D | D | D | D | D | D | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | D | D | <input checked="" type="checkbox"/> | D | D | D |