**FORMULARIO DECLARACIÓN JURADA**

**REGISTRO DE POSTULANTES**

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| *Yo ………………………………………………………........................ con C.I. …………………………, en forma libre, expresa y voluntaria, declaro bajo juramento que la información y documentación proporcionada a la Universidad Mayor de San Andrés es auténtica, valida, oficial y legal. Autorizo que la misma sea verificada y de ser necesario, me comprometo a presentar la documentación que sustente lo declarado.*  *En caso que la Universidad Mayor de San Andrés compruebe que la información y/o documentación proporcionada no es auténtica, valida, oficial y legal, aceptare mi desvinculación inmediata, sin derecho a interponer ningún tipo de impugnación o acción de índole legal y/o administrativa.* |

###### Instrucciones

Lea cuidadosamente todo el formulario, posteriormente llénelo en medio electrónico sin dejar ningún espacio en blanco, excepto aquellas casillas que no se apliquen a su persona.

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| DATOS DE LA CONVOCATORIA PÚBLICA | | | | |
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| N° de Referencia: |  | | Nombre del Puesto: |  |
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| HOJA DE VIDA - INFORMACIÓN PERSONAL (Coloque sus datos personales tal como están reflejados en su documento de identificación Ej. Apellido de casada) | | | | | | | | | | |
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| Tipo de Documento | Carnet de Identidad | | |  | Nº Documento |  | Expedido en |  | |
| Pasaporte | | |  |  |  | |
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| Apellido Paterno |  | | | | Apellido Materno |  | Apellido de Casada | |  |
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| Nombres |  | | | | | | | | |
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| Fecha de Nacimiento |  |  |  | | Lugar de Nacimiento |  | Edad | |  |
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| Dirección DomicilioSeñalar Av., Calle, Pasaje, No. Edificio, Departamento, Piso |  | | | | | | Zona | |  |
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| Ciudad |  | | | | Teléfono Domicilio |  | Celular (es) | |  |
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| E-mail personal |  | | | | | | | | |

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| **2. INFORMACIÓN ACADÉMICA (Indique todos los detalles solicitados)** |

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| Secundaria |

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| Centro Educativo |  | Último curso vencido | | |  | Título obtenido | | |  | Año | | |  | Ciudad |
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| Técnico Medio / Superior |

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| Centro Educativo |  | Grado o Título obtenido (Técnico Medio o Superior) |  | Formación Académica (Carrera o Profesión) |  | Fecha del Titulo | | |  | Ciudad |
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| Diplomado /Posgrado |

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| Maestría |

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| Doctorado |

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| Idiomas o Lenguajes (Colocar numéricamente el porcentaje en cuanto a lectura, escritura y/o expresión verbal del idioma que haga referencia) |

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| Idioma |  | Lee % |  | Escribe % |  | Habla % |

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| Computación (colocar una X en el espacio que crea corresponda su conocimiento) |

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| Paquete Informático |  | Regular |  | Bueno |  | Muy bueno |  | Excelente |

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| Cursos del CENCAP (Centro Nacional de Capacitación – Contraloría General del Estado) |

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| Curso | | |  | Duración en horas |  | Fecha de Inicio | | | | |  | Fecha de Conclusión | | | | |  | Ciudad |
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| Otros Cursos mayores o iguales a 10 horas |

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| **3. INFORMACIÓN SOBRE ACTIVIDAD DOCENTE**  Indique día/mes/año o los periodos comprendidos. |

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| Institución Educativa |  | Carrera de Docencia |  | Materia Impartida |  | Fecha de Inicio |  | Fecha de Conclusión |  | Ciudad |

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| **4. INFORMACIÓN SOBRE EXPERIENCIA LABORAL (SOLO RELACIONADA CON LA CONVOCATORIA)**  Comience registrando sus datos por su empleo actual cuidando de anotar la fecha de inicio y marcando con una “X” en el espacio que indica “Vigente” si así fuera. Si usted no estuviese trabajando actualmente, inicie el Registro por su último trabajo continuando con los anteriores, **detallando día / mes / año, tanto en la fecha de inicio como en la de conclusión que coincidan con el certificado de trabajo o contrato laboral correspondiente** **(No Memorándums). CASO CONTRARIO NO TENDRÁ VALIDEZ EL PERIODO DE TIEMPO EN EL CARGO QUE SE DESCRIBE. Se tomará en cuenta únicamente la experiencia laboral relacionada con la Convocatoria Pública.** |

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| Cargo Desempeñado |  |  |

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| Cargo del Jefe Inmediato Superior |  |  |

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| Motivo de Retiro |  |  |

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| *NOTA IMPORTANTE*  *El Registro de Postulantes se constituye en* ***DECLARACIÓN JURADA,*** *por lo que deberá estar firmado, caso contrario su postulación no se tomará en cuenta.*  *Si considera necesario puede adjuntar más hojas con el mismo formato.*  *Su postulación no será tomada en cuenta si el Registro no cumple con las especificaciones indicadas.*  *Todas las fotocopias* ***legalizadas o simples adjuntas (de acuerdo a lo exigido en la columna requisitos (imprescindibles) en la convocatoria pública deberán encontrarse registradas en el presente formulario.***  ***La Institución se reserva el derecho de tomar acciones legales y/o administrativas según lo señalado o si se verifican omisiones.*** |

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| Nombres y Apellidos del declarante |  | Fecha de llenado |  | Firma del declarante |