**DATOS GENERALES PARA TRABAJADORES DE NUEVO INGRESO**

**FT-RH-2108**

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| APELLIDO PATERNO |  | APELLIDO MATERNO |  | NOMBRE(S) |

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| CALLE | | | | | | |  | | NÚM. EXT | | | | | | |  | | NÚM. INT | | | | | | | | | | |  | | | | COLONIA | | |
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| CRUZAMIENTOS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| C.P. | | | |  | | TIPO SANGRE | | | | |  | | ESTADO CIVIL | | | | | | | | | | | | | |  | | | CORREO ELECTRÓNICO | | | | | | |
|  | | | | | | | |  | |  | | | | | | | | | | | | | | | | | |  | | |  | | | | | |
| TEL. PART. | | | | | | | |  | | CELULAR | | | | | | | | | | | | | | | | | |  | | | EMERGENCIA | | | | | |
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| CURP | | | | | | | | | | | |  | | RFC CON HOMOCLAVE | | | | | | | | | | | | | | | | | | | |  | FECHA DE NACIMIENTO | |
|  |  |  | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | |
| EDAD |  | LUGAR DE NACIMIENTO | | | | | | | | | | | | | | | | | |  | | MUNICIPIO | | | | | | | | | | | | | | |
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| ENTIDAD FEDERATIVA | | |  | | NACIONALIDAD | | | | | | | | | | | | | | | | | |  | | AÑOS DE RESIDENCIA EN EL ESTADO DE QUINTANAN ROO | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
| ESCOLARIDAD | | | | | | | | | | | | | | | | | | | | | | | |  | | NÚM. CÉDULA | | | | | | | | | | |
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| REGISTRO PADRÓN DE PROFESIONISTAS | | | | | | | | | | | | | | | | |  | | | | NÚM. DE SEGURIDAD SOCIAL | | | | | | | | | | | | | | | |

**NOTA:** EN CASO DE CUBRIR UNA LICENCIA ESPECIFICAR:

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|  |  |  |
| NOMBRE DE LA PERSONA A CUBRIR |  | TIPO DE LICENCIA |

**ATENTAMENTE**

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**NOMBRE Y FIRMA DEL TRABAJADOR**