

General Skills Survey

Name: _____ Date: _____

Position: _____

This information becomes part of your application. Your skills, expertise, and education will be rated based on your answers. Please fill out this form as completely as possible. Under columns three through six, check the category that best shows the depth of your experience. *Do not check more than one column per line.*

Years of relevant experience:

Full time work _____

Part time work _____

Check Degrees (Attach Transcripts):

HS/GED _____

Certificate _____ Area _____

Associate _____ Major _____

Bachelor _____ Major _____

	Model/ Version Used	Years of Experience	Training only (1)	Preformed with help (2)	Performed unaided (3)	Instructed others (4)
Office Equipment:						
(May be tested) Keyboarding (wpm _____)						
Copy Machine						
Fax Machine						
Multi-line phones or switchboards						
Cash register or teller						
Other:						
Computer Hardware:						
PC						
Macintosh						
Other:						
Operating Systems:						
Windows						
Apple						
Other:						

	Model/ Version Used	Years of Experience	Training only (1)	Preformed with help (2)	Performed unaided (3)	Instructed others (4)
Word Processing Software:						
Microsoft Word						
Other:						
Spreadsheet Software:						
Microsoft Excel						
Other:						
Desktop Publishing Software:						
Microsoft PowerPoint						
Other:						
Accounting Software:						
Specify:						

I have answered the above information to the best of my knowledge.

Signature: _____ **Date:** _____