

## Accounting Clerk III & IV 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	Performed with help	Performed unaided	Instructed others
<b>Office Equipment:</b>						
(May be tested) Keyboarding (wpm _____)						
Copy Machine						
Ten Key Calculator						
Other:						
<b>Computer Hardware:</b>						
PC						
Macintosh						
Other:						
<b>Operating Systems:</b>						
Windows						
Apple						
Other:						

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<b>Spreadsheet Software:</b>						
Microsoft Excel						
Other:						
<b>Word Processing Software:</b>						
Microsoft Word						
Other:						
<b>Accounting Software:</b>						
Quickbooks						
Other:						

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_