

Special Projects Clerk 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						
Calculator						
Document Scanner						
Other:						
Computer Hardware:						
PC						
Macintosh						
Other:						
Operating Systems:						
Windows						
Apple						
Other:						

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	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:						
Database Software:						
Microsoft Access						
Other:						
Other:						
Basic Math Skills						
Organizational Skills						
Other:						

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

Signature: _____ Date: _____