

NAME: _____

Date: _____

Put a check next to the categories in which you have **formal training or on-the-job experience**. On the line following put how many years of experience you you . If you have training but no experience you can put a "T" on the line. Please be accurate.

SKILLS	YEARS OF EXPERIENCE	SKILLS	YEARS OF EXPERIENCE
<input type="checkbox"/> 10 Key	_____	<input type="checkbox"/> GENERAL OFFICE	_____
<input type="checkbox"/> ACCOUNTS PAYABLE	_____	<input type="checkbox"/> GRAPHIC ARTIST	_____
<input type="checkbox"/> ACCOUNTS RECEIVABLE	_____	<input type="checkbox"/> GUARD	_____
<input type="checkbox"/> ACCOUNTING/Payroll	_____	<input type="checkbox"/> HEAVY EQUIP. OPERATOR	_____
<input type="checkbox"/> AUTODETAIL	_____	<input type="checkbox"/> HOST/HOSTESS	_____
<input type="checkbox"/> AUTO TECH	_____	<input type="checkbox"/> HOUSEKEEPER	_____
<input type="checkbox"/> BANK TELLER	_____	<input type="checkbox"/> HUMAN RESOURCES	_____
<input type="checkbox"/> BANKING	_____	<input type="checkbox"/> HVAC	_____
<input type="checkbox"/> BANQUET	_____	<input type="checkbox"/> INVENTORY	_____
<input type="checkbox"/> BARISTA	_____	<input type="checkbox"/> JACKHAMMER OPERATOR	_____
<input type="checkbox"/> BARTENDER	_____	<input type="checkbox"/> JANITORIAL	_____
<input type="checkbox"/> BILLING SPECIALIST	_____	<input type="checkbox"/> JOURNEYMAN	_____
<input type="checkbox"/> BLUE PRINT READING	_____	<input type="checkbox"/> LAB TECHNICIAN	_____
<input type="checkbox"/> BOOKKEEPER	_____	<input type="checkbox"/> LANDSCAPE	_____
<input type="checkbox"/> BUILDING MAINTENANCE	_____	<input type="checkbox"/> LAUNDRY	_____
<input type="checkbox"/> BUS PERSON	_____	<input type="checkbox"/> LEGAL	_____
<input type="checkbox"/> CABINETRY	_____	<input type="checkbox"/> MACHINE OPERATOR	_____
<input type="checkbox"/> CANNERY	_____	<input type="checkbox"/> MACHINIST	_____
<input type="checkbox"/> CARPENTER	_____	<input type="checkbox"/> MARKETING	_____
<input type="checkbox"/> CARPET LAYER	_____	<input type="checkbox"/> MECHANIC	_____
<input type="checkbox"/> CASHIER	_____	<input type="checkbox"/> MEDICAL ASSISTANT	_____
<input type="checkbox"/> COLLECTION	_____	<input type="checkbox"/> MEDICAL BILLING	_____
<input type="checkbox"/> CONCRETE WORK	_____	<input type="checkbox"/> MEDICAL RECORDS	_____
<input type="checkbox"/> CONSTRUCTION	_____	<input type="checkbox"/> NURSING	_____
<input type="checkbox"/> COOK	_____	<input type="checkbox"/> OFFICE MANAGER	_____
<input type="checkbox"/> CPA	_____	<input type="checkbox"/> PAINTER	_____
<input type="checkbox"/> CUSTOMER SERVICE	_____	<input type="checkbox"/> PARALEGAL	_____
<input type="checkbox"/> DATA ENTRY	_____	<input type="checkbox"/> PARKING LOT ATTENDANT	_____
<input type="checkbox"/> DELIVERY	_____	<input type="checkbox"/> PLUMBER	_____
<input type="checkbox"/> DIESEL MECHANIC	_____	<input type="checkbox"/> PROPERTY MANAGEMENT	_____
<input type="checkbox"/> DISHWASHER	_____	<input type="checkbox"/> PUBLIC RELATIONS	_____
<input type="checkbox"/> DISPATCHER	_____	<input type="checkbox"/> REAL ESTATE	_____
<input type="checkbox"/> DRY WALL HANGER	_____	<input type="checkbox"/> RECEPTIONIST	_____
<input type="checkbox"/> DRY WALL TAPER	_____	<input type="checkbox"/> RETAIL/SALES	_____
<input type="checkbox"/> ELECTRICIAN	_____	<input type="checkbox"/> ROAD CONSTRUCTION	_____
<input type="checkbox"/> EXCAVATION	_____	<input type="checkbox"/> ROOFER	_____
<input type="checkbox"/> FARM HAND	_____	<input type="checkbox"/> SANITATION	_____
<input type="checkbox"/> FILE CLERK	_____	<input type="checkbox"/> SECURITY	_____
<input type="checkbox"/> FISHING	_____	<input type="checkbox"/> SHIPPING/RECEIVING	_____
<input type="checkbox"/> FLAGGING	_____	<input type="checkbox"/> STOCK ROOM	_____
<input type="checkbox"/> FOOD PREP	_____	<input type="checkbox"/> TILE/MASONRY	_____
<input type="checkbox"/> FORK LIFT OPERATOR	_____	<input type="checkbox"/> WAITSTAFF	_____
<input type="checkbox"/> FREIGHT HANDLER	_____	<input type="checkbox"/> WAREHOUSE	_____
<input type="checkbox"/> FURNITURE MOVER	_____	<input type="checkbox"/> WELDER	_____
<input type="checkbox"/> GENERAL LABOR	_____	<input type="checkbox"/> WOODWORKING	_____

