



## WORK SKILLS

*LIST TRAINING AND/OR EXPERIENCE WHICH MAY QUALIFY YOU FOR THE POSITION(S) DESIRED: (MARK "T" IF YOU HAVE TRAINING IN THE SKILL. MARK "E" IF YOU HAVE EXPERIENCE IN THE SKILL. MARK "B" IF YOU HAVE BOTH TRAINING AND EXPERIENCE.)*

BUSINESS	GENERAL	PATIENT CARE
<input type="checkbox"/> Typing _____ W.P.M.	<input type="checkbox"/> Floor Care (Manual)	<input type="checkbox"/> Sterile Technique
<input type="checkbox"/> Shorthand _____ W.P.M.	<input type="checkbox"/> Floor Care (Machines)	<input type="checkbox"/> Vital Signs
<input type="checkbox"/> Transcription	<input type="checkbox"/> Linen Packing	<input type="checkbox"/> Pre-Op Preps
<input type="checkbox"/> Medical Terminology	<input type="checkbox"/> Autoclave	<input type="checkbox"/> Isolation Technique
<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> Sterilizer (Steam/Gas)	<input type="checkbox"/> Catheterization
<input type="checkbox"/> Accounting	<input type="checkbox"/> Dishwasher (Manual)	<input type="checkbox"/> Coronary Care
<input type="checkbox"/> Ten-Key Adding	<input type="checkbox"/> Dishwasher (Industrial)	<input type="checkbox"/> Charting
<input type="checkbox"/> Calculator	<input type="checkbox"/> Sewing	<input type="checkbox"/> Monitor
<input type="checkbox"/> Key Punch	<input type="checkbox"/> Maintenance (General)	<input type="checkbox"/> Type_____
<input type="checkbox"/> Invoicing/Inventory	<input type="checkbox"/> Maintenance (Craft)	<input type="checkbox"/> Intensive Care
<input type="checkbox"/> Reception	<input type="checkbox"/> Electrical _____	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Phone Switchboard	<input type="checkbox"/> Plumbing _____	<input type="checkbox"/> Pediatric
<input type="checkbox"/> Insurance Billing	<input type="checkbox"/> Building _____	<input type="checkbox"/> Geriatric
<input type="checkbox"/> Medicare/Medicaid	<input type="checkbox"/> Electronics _____	<input type="checkbox"/> Medical
<input type="checkbox"/> Word Processing	<input type="checkbox"/> Small Power Tools	<input type="checkbox"/> Surgical
<input type="checkbox"/> Software _____	<input type="checkbox"/> Driving	<input type="checkbox"/> Obstetrics
<input type="checkbox"/> Computers	Other: _____	<input type="checkbox"/> Oncology
<input type="checkbox"/> Data Entry		Other: _____
Other: _____		

Comments:

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## WORK AVAILABILITY

Regular    Short-Term    Full-Time    Part-Time    On-Call   Work Overtime?    Yes    No

Indicate shift(s) you will work:

1st shift - days    2nd shift - evenings    3rd shift - nights

Will you rotate shifts?    Yes    No   Will you work weekends?    Yes    No

Indicate days you are available for work.

\_\_\_\_\_ Monday   \_\_\_\_\_ Tuesday   \_\_\_\_\_ Wednesday   \_\_\_\_\_ Thursday   \_\_\_\_\_ Friday   \_\_\_\_\_ Saturday   \_\_\_\_\_ Sunday

## JOB PERFORMANCE ABILITY

Given your knowledge, skills, education and experience, are you able to perform all the essential functions of the position for which you are applying, with or without reasonable accommodation, as set forth in the job description?    Yes    No

## EDUCATION

### High School

Name, Location	Diploma or GED <input type="checkbox"/> Yes <input type="checkbox"/> No
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### College or Schools after high school (include any job related education or training in military service)

Name, Location	Academic Major, Skill or Trade	Dates Attended	Degree or Diploma & Year Graduated

## WORK EXPERIENCE

**List most recent employer first.** Include at least past five (5) years, and account for any time gaps in your employment history, including any military service. (Attach additional sheet if necessary.)

1. Name of employer, address	Dates employed (mo./yr.) From                      To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your last job title and description		Reason for leaving
2. Name of employer, address	Dates employed (mo./yr.) From                      To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your last job title and description		Reason for leaving
3. Name of employer, address	Dates employed (mo./yr.) From                      To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your last job title and description		Reason for leaving
4. Name of employer, address	Dates employed (mo./yr.) From                      To Final Salary \$	Name of Supervisor Phone # May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Your last job title and description		Reason for leaving

Did you work for any of the above employers under a different name? If so, please circle which one(s) 1 2 3 4

Give previous name \_\_\_\_\_

