Date: **Category:** **Admin. Clerical Gen.Lab. ACCT'g Tech. Medical Legal**

Last Name:	First Name:	**SIN #**
		Date of Birth(optional)

Are you legally entitled to work in Canada: ☐Yes ☐ No

Skills to Note:

Street Address: Apt.

City	Province

Postal Code	Home Phone:
	Other Phone:

Circle days Available Mon Tues Wed Thurs Fri Sat Sun

Are you a student? ☐ Yes ☐ No

How much notice do you require?

Mode of Transportation	Type of Work You Prefer:	Minimum Hourly Rate
☐ car ☐ bus ☐ other		$

Indicate Skills and Experience

Office/Clerical
- ☐ Telemarketing

Typing
- ☐ Correspondence
- ☐ Medical
- ☐ Legal
- ☐ Real Estate
- ☐ Dictaphone

Switchboard
- ☐ Light # of Lines _____
- ☐ Heavy # of Extensions _____
- ☐ Fax
- ☐ Voice Mail
- ☐ **Data Entry**

- ☐ **Payroll**
- ☐ **A/R**
- ☐ **A/P**

PC Hardware/Software

- ☐ IBM ☐ Compaq
- ☐ Macintosh ☐ IBM Clone
- ☐ Mainframe

Operating Systems
- ☐ Floppy ☐ DOS ☐ Unix
- ☐ CD Rom ☐ Windows

Software
- ☐ MSWord ☐ Excel ☐ Maximizer ☐ QuarkXPress
- ☐ Access ☐ Power Poin ☐ WordPerfec ☐ Publisher ☐ dBase

Languages:

Read	Speak	Write