

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

Last Name:		First Name:	SIN #
Are you legally entitled to work in Canada: <input type="checkbox"/> Yes <input type="checkbox"/> 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 <input type="checkbox"/> car <input type="checkbox"/> bus <input type="checkbox"/> other	Type of Work You Prefer:	Minimum Hourly Rate \$ _____
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Indicate Skills and Experience

- Office/Clerical** Telemarketing
- Typing**
- Correspondence Light # of Lines _____
- Medical Heavy # of Extensions _____
- Legal Fax Payroll
- Real Estate Voice Mail A/R
- Dictaphone Data Entry A/P

PC Hardware/Software

- IBM Compaq
- Macintosh IBM Clone
- Mainframe **Operating Systems**
- Floppy DOS Unix
- CD Rom Windows
- Software** Excel Maximizer QuarkXPress
- MSWord Access Power Point WordPerfect Publisher dBase

Languages:		
Read	Speak	Write