



Office Skills Checklist

Applicant Name _____ Phone _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Indicate your general level of ability in the areas listed below by using the number which best describes your capabilities:

0 = No knowledge and / or experience

1 = Some knowledge and / or experience

2 = Good knowledge and / or experience

3 = Specialty, highly skilled (Build spreadsheets, design forms, menus, draft policies, etc.)

General Office

Forms, design and control
Correspondence
Report preparation
Filing systems
Purchasing, supplies
News releases
A/P, Accounts Payable
Reconciling cash
Timekeeping, payroll
Detail oriented
Typing speed
Telephone System
Data Entry

Office Equipment / Software

Typewriter
Copier / Printer
Computer
Windows Office Suite
- Word
- Excel
- Access
- Power Point
- Publisher
- Visio
Adobe Suite
- Photoshop
- Acrobat
- InDesign
Filemaker
Recreation Software
Folding machine

Other specialties (List or Describe)

Certification and training courses (list below):
