



# Personal Profile

Select Campus:  Norman  Oklahoma City  Tulsa

<b>1 Employee Information:</b>					
Last:		First:		Middle:	Date:
Current Driver's License:	State:	Number:			
Home address:					
City:			State:		Zip:
Phone #1:		Phone #2:		Email address:	

<b>2 References:</b>	
Name:	Phone #:

<b>3 Availability:</b>							
Days:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Hours:							
Are you willing to travel to the OU Health Sciences Center campus? <input type="checkbox"/> Yes <input type="checkbox"/> No							

<b>4 Experience:</b>				
Office Clerical Experience	<input type="checkbox"/> None	<input type="checkbox"/> 1 Year	<input type="checkbox"/> 2 - 4 Years	<input type="checkbox"/> 5 Years or more
Experienced with Forklifts? <input type="checkbox"/> Yes <input type="checkbox"/> No			Can you use a standard transmission ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
List any OU experience:				

<b>5 Work Preferred - Check or list all the type of work you enjoy or prefer:</b>							
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Data Entry	<input type="checkbox"/> Ten Key	<input type="checkbox"/> Accounting	<input type="checkbox"/> Bulk Mail Processing	<input type="checkbox"/> Typing	<input type="checkbox"/> Filing	<input type="checkbox"/> Stuffing Packets
<input type="checkbox"/> Labor	<input type="checkbox"/> Mailroom	<input type="checkbox"/> Warehouse	<input type="checkbox"/> Other:				

<b>6 Skills - Using a five point scale, (0 = No Knowledge 5 = Expert Knowledge), list your estimated proficiency on each of the following:</b>					
Item	Proficiency	Item	Proficiency	Item	Proficiency
Microsoft Word		Travel Vouchers			
Microsoft Access		Desk Top			
Microsoft Excel		Macintosh			
Accounting		PageMaker			
Microsoft Power Point		Reception			
Data Entry		Filing			

<b>Authorization - The information contained on this form is complete and accurate to the best of my knowledge.</b>	
Signature	Date: