## **REARDON ASSOCIATES**

Social Security #		Application Date:			
		Availability Date:		OFFICIAL USE ONLY OFFICE #	
Last Name First	Middle	Availability Date:TempPerm			
		Hours:	Full Time: Part Time:	COUNS	
-		Position Desired:		AIP	
Street		Ioh/Co Preferences:		W-4 Status	
		Job/Co Preferences:		I-9 Completed?	
City State	Zip	Desired Salary:		Coded Title Test Scores	
•	•	Other Agencies:		1 631 060163	
Home Phone					
Alternate Phone		Locations Preferred:			
E-mail		Emorgonov Contact:			
L-IIIali		Phone:			
PLI	EASE CHECK THO	DSE SKILLS WITH WHIC	CH YOU HAVE EXPE	RIENCE	
APPLICATIONS	MS Office	MCSE	# of Extensions		
Please check those that apply	MS Outlook	MCP	Shorthand	Human Resources	
and note version # to the right.	MS Project		Switchboard		
4 <sup>th</sup> Shift	MS Publisher		Telemarketing	International	
ACT	MS Word	IBM	Typing – WPM	Legal	
ADP	One Write		ACCOUNTING	Manufacturing	
Adobe	Oracle		ACCOUNTING	Medical	
Approach/Windows	PageMaker Palm Pilot	NT	A/P	Operations	
ASKMANMAN		· · · · · · · · · · · · · · · · · · ·	A/R	Property Mgmt	
Ceridian	Paradox			Purchasing	
DRP	Peachtree Peoplesoft	Windows 95	3rd Party Billing	Retail	
Excel	Peoplesoft	Windows 98	Billing	Sales/Marketing	
Filemaker	Powerpoint Quattro Pro		Budgets	MANUFACTURING	
Fox Pro	Quattro Pro Quark	UNIX	Consolidations		
Framemaker	Quark Quicken	OFNEDAL OFFICE	Credit/Collections		
Great Plains		GENERAL OFFICE	FC Bookkeeper		
Harvard Graphics	D		General Ledger		
HRIS	Real World		Ins. Claims (Health)		
Hyperian	Word for Windows	Numeric	Inventory/Costs	Warehouse	
Internet	Word Perfect	Customer Service	Journal Entries	PCB'S	
JD Edwards	vvoid Fellect	Dictaphone	Payroll	Testing	
Lotus	CERTIFICATIONS	Filing	Taxes	Electromechanical	
Lotus Notes		Mail Room	Trial Balance	assembly	
Lotus Organizer	A+ ADICC	Medical Terms	ENVIDONMENTS	Mechanical assembly	
Lotus Smart Suite	APICS	Medical Transcription	ENVIRONMENTS	Machine operator	
MAS 90	CCNA	Proofreading	Acct /Finance		

Reception # of Lines Computer Engineering

MRP

MS Access

CAN

CPIM

EDUCATION				
High School:		Completed Y N	I certify that all information in this application is correct to the best of m knowledge. I understand that falsifying information is cause for termination of employment.	
		Completed Y N		
Foreign Langu	age:		Signature:	Date:
EMPLOYMEN	T HISTORY			
DATES	COMPANY, ADDRESS, PHONE	TITLE & DUTIES	SALARY	REASON FOR LEAVING
		<u> </u>	<u> </u>	
		PLEASE DO NOT WRITE	BELOW LINE	
COMMEN	ITS:			
BENEFIT	S:			