

Print Name _____

Date _____

SKILLS AND EXPERIENCE

Experience in: Electrical Machine Shop Welding Other _____

INDUSTRIAL / MANUFACTURING

<u>EXPERIENCE</u>	<u>EXPERIENCE</u>	<u>ASSEMBLY</u>	<u>SPECIAL SKILLS</u>	<u>WELDING</u>
<input type="checkbox"/> Shear	<input type="checkbox"/> Read Blueprints	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Pallet Jack	<input type="checkbox"/> Mig
<input type="checkbox"/> Break	<input type="checkbox"/> Read Production Orders	<input type="checkbox"/> Electrical / Panel	<input type="checkbox"/> Forklift Certified	<input type="checkbox"/> Tig
<input type="checkbox"/> Punch	<input type="checkbox"/> PLC/	<input type="checkbox"/> Cranes	<input type="checkbox"/> Valid Driver License	<input type="checkbox"/> SSteel
<input type="checkbox"/> Inspection	<input type="checkbox"/> Allen Bradley	<input type="checkbox"/> Hand Tools	<input type="checkbox"/> CNC Equipment	<input type="checkbox"/> Arc
<input type="checkbox"/> Systems Check	<input type="checkbox"/> Automation / Direct	<input type="checkbox"/> Calipers	<input type="checkbox"/> Machining	<input type="checkbox"/> Plasma
<input type="checkbox"/> Equipment Testing	<input type="checkbox"/> Ind. Machine Repair	<input type="checkbox"/> Micrometer	<input type="checkbox"/> Shop Math	<input type="checkbox"/> Aluminum
<input type="checkbox"/> Shipping & Receiving	<input type="checkbox"/> Painting			<input type="checkbox"/> Cutting Torch
<input type="checkbox"/> Forklift	<input type="checkbox"/> Inventory	<u>AIR TOOLS</u>	<u>MANAGEMENT</u>	<input type="checkbox"/> Custom Fabrication
<input type="checkbox"/> Industrial / Electrical	<u>SAWS</u>	<input type="checkbox"/> Nail Gun	<input type="checkbox"/> Training Experience	<input type="checkbox"/> Certified Welder
<input type="checkbox"/> Packing	<input type="checkbox"/> Band	<input type="checkbox"/> Screw Gun	<input type="checkbox"/> Supervisor Exp.	
<input type="checkbox"/> Plumbing	<input type="checkbox"/> Horizontal	<input type="checkbox"/> Staple Gun	<input type="checkbox"/> # Supervised _____	
<input type="checkbox"/> Read Tape Measure	<input type="checkbox"/> Vertical	<input type="checkbox"/> Air Drill	<input type="checkbox"/> Rec'd Supv Training	

ADMINISTRATIVE

<u>ADMINISTRATIVE</u>	<u>COMPUTER</u>	<u>COMPUTER</u>	<u>OTHER</u>	<u>MANAGEMENT</u>
<input type="checkbox"/> Filing	<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Programming	<input type="checkbox"/> Sales/Marketing	<input type="checkbox"/> Training Experience
<input type="checkbox"/> Typing/Keyboard WPM _____	Version: _____	Languages: _____	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Supervisor Exp.
<input type="checkbox"/> Receptionist # of Lines _____	<input type="checkbox"/> Excel	_____	<input type="checkbox"/> Purchasing	<input type="checkbox"/> #Supervised _____
<input type="checkbox"/> Shorthand/Dictation	<input type="checkbox"/> Outlook	_____	<input type="checkbox"/> Drafting	<input type="checkbox"/> Rec'd Supv Training
<input type="checkbox"/> 10-Key / Touch	<input type="checkbox"/> PowerPoint	<u>ACCOUNTING</u>	<input type="checkbox"/> Solid Edge	<input type="checkbox"/> PHR
<input type="checkbox"/> Data Entry: KPM _____	<input type="checkbox"/> M2M	<input type="checkbox"/> Accounts Payable	<input type="checkbox"/> Mill Specs	<input type="checkbox"/> SPHR
	Version _____	<input type="checkbox"/> Accounts Receivable	<u>LANGUAGES SPOKEN</u>	<u>LANGUAGES WRITTEN</u>
	<input type="checkbox"/> 3D Solid Modeling	<input type="checkbox"/> Payroll	<input type="checkbox"/> English	<input type="checkbox"/> English
	<input type="checkbox"/> Internet / Intranet	<input type="checkbox"/> Financial Statements	<input type="checkbox"/> Spanish	<input type="checkbox"/> Spanish
		<input type="checkbox"/> Cost Accounting	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

OTHER EXPERIENCE RELATIVE TO THE POSITION
