

EDUCATION	High School and/or G.E.D.:	Name and Location	Highest Grade Completed?	Grade Average?
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what was your major study?		Last year of study?
	College:	Name and Location	Highest Grade Completed?	Grade Average?
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what was your degree and major?		Last year of study?
	Trade or Business School:	Name and Location	How Long?	Grade Average?
	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what was your major study?		Last year of study?
	List other training you have had:			
	Extracurricular Activities, Offices held:			
	Academic honors or special recognition:			
	Current Memberships in Professional Organizations:			
Past Memberships in Professional Organizations:				
Sports, Hobbies and other interests:				
CLERICAL ONLY	Have you had experience in the following?			Length of Time?
	Accounting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Billing and Collecting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Medical Records	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Managed care contracting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Computers Types: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Shorthand	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Typing Average words per minute: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Dictation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____
	Other	Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____