



Town of Oyster Bay
 Department of Human Resources
 Division of Personnel
 Town Hall, Oyster Bay NY 11771

FOR OFFICE USE ONLY

Position _____ Full ___ Part ___

Date of Interview _____

APPLICATION FOR 2018 INTERNSHIP PROGRAM

(PLEASE PRINT)

To Applicant: We deeply appreciate your interest in the Town of Oyster Bay and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in future upgrading. The Town of Oyster Bay is an equal opportunity employer. The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. Federal and New York State Human Rights Laws prohibit discrimination on the basis of age.

PERSONAL

Name: _____ Social Security #: _____
LAST FIRST MI

Present Address: _____
NO. STREET CITY STATE ZIP

Length of residence at present address: _____ Telephone #: _____
YEARS

Previous Address: _____
NO. STREET CITY STATE ZIP

Length of residence at previous address: _____
YEARS

Do you have transportation which will allow you to fulfill the responsibilities of the job for which you are applying?

Do you have a Driver's license? Yes _____ No _____
 If yes, specify: Class: _____
 License Number: _____
 Expiration Date: _____

Were you previously employed by the Town of Oyster Bay? Yes _____ No _____
 If yes, when? _____

Do you presently work for the Town of Oyster Bay? Yes _____ No _____
 If yes, what department? _____

***Please specify what department you are interested in?

Are you a Volunteer Firefighter? Yes _____ No _____

Do you have any impairment (physical, mental or medical) which would prevent you from performing in a reasonable manner, the activities involved in the job or occupation for which you applied? Yes _____ No _____

If yes, please explain:

EMPLOYMENT

(SPECIFY IF MUNICIPAL)

TOTAL TIME EMPLOYED

YEARS: MONTHS:

Dates of Employment:

Hours per Week: _____

Employer: _____ Dept. /Div. _____

Address: _____

Starting _____ Per _____ Final _____ Per _____

Salary: \$ _____ Year _____ Salary \$ _____ Year _____

Title & Specific Duties: _____

Reason for Leaving: _____

TOTAL TIME EMPLOYED

YEARS: MONTHS:

Dates of Employment:

Hours per Week: _____

Employer: _____ Dept. /Div. _____

Address: _____

Starting _____ Per _____ Final _____ Per _____

Salary: \$ _____ Year _____ Salary \$ _____ Year _____

Title & Specific Duties: _____

Reason for Leaving: _____

***Other experience which qualifies you for this position (INDICATE NUMBER OF YEARS): _____

PLEASE ATTACH ADDITIONAL SHEETS OR A RESUME IF NECESSARY

EDUCATION

(Current full-time registration in a Graduate or Undergraduate Program is required)

High School or High School Equivalency: Yes _____ No _____

Tech or Trade

School: _____

College, University

Or Professional: _____

Graduate

Or Other: _____

MILITARY SERVICE RECORD

Have you served in the Armed Forces? Yes _____ No _____

(a) BRANCH: _____ SERIAL NO.: _____

(b) TYPE OF DISCHARGE: () Honorable () Other _____

(c) Date of entry into active service: _____

Give legal residence (State) at time of entry: _____

(d) Date of release from active service: _____

(e) Date of discharge/separation: _____

REFERENCES

(Please provide three)

NAME	ADDRESS	VILLAGE	TELEPHONE NO.
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

The facts set forth above in my applications for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigations of my personal, employment, or educational history.

SIGNATURE OF APPLICANT



Career Center Customer Registration Form

Required items are indicated with asterisk * and bold type. Please print clearly.

We must collect additional personal information from customers to comply with federal reporting requirements for Workforce Innovation and Opportunity Act (WIOA) funded programs. The information is for WIOA purposes only. New York State Career Centers follow federal guidelines on handling and the protection of personally identifiable information. Auxiliary aids and services are available upon request to individuals with disabilities.

What is your preferred language? _____ If other than English, do you need an interpreter? Yes No
Check here to indicate that you have been made aware of the provisions of the "Equal Opportunity is the Law" notice.

Customer Data

Social Security # _____ OR NYID # _____

*Last Name _____ *First Name _____ M.I. _____

*Date of Birth ____/____/____

New York State Driver License Number or NYS Non Driver License ID Number: _____

Or other verification of Date of Birth using acceptable source document: _____ (See staff)

Gender: Male Female

If you're a male born after Dec 31, 1959, are you registered with the US Military Selective Service? Yes No

*Street Address _____ Apt. # _____

*City _____ *State _____ *Zip Code (+4 not required) _____

Mailing Address (if different than above): _____

County _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-Mail Address _____

How do you prefer to be contacted? E-Mail Cell Phone Mail (Postal) Home Phone

Are you a US Citizen? Yes No If no, are you authorized to work in the US? Yes No

If yes, Alien registration number: _____

Ethnicity/Race

Note: The Ethnicity and Race questions are voluntary. Information is confidential and will only be used for record keeping and affirmative action requirements. You will not be penalized if you do not want to answer.

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: (Check all that apply) White Black or African American American Indian or Alaska Native
 Asian Native Hawaiian or Other Pacific Islander

Education

*Education (Circle or check highest level completed) Grade: None 1 2 3 4 5 6 7 8 9 10 11 12

HS Diploma HS Equivalency No Diploma IEP Diploma/Disabled with certification of attendance/completion

Note: IEP Diploma/Disabled with Certification disclosure is voluntary. You will not be penalized for nondisclosure of IEP Diploma/Disabled with certification of attendance/completion.

College: 1 yr. 2 yr. 3 yr. 4 yr. plus If college, check all that apply:

Some college Vocational Degree/Certificate Associate's Degree
 Bachelor's Degree Master's Degree Doctoral Degree

*Are you attending a secondary, post-secondary, vocational, technical or academic school full-time? Yes No

If you are between terms, do you intend to return to school? Yes No

Employment

*Are you currently employed? Yes No If No, how many weeks have you been out of work? _____

If Yes, are you employed Full time Part time How many hours do you work per week? _____

Have you applied for Unemployment Insurance Benefits? Yes No If Yes, when did you apply? _____

Are you currently claiming Unemployment Insurance Benefits? Yes No

Military

Note: Veterans and "eligible spouses" receive priority of service.

*Did you serve in the United States Armed Forces? Yes No

If "Yes" what US military branch? _____ Dates of Active Service: ____ / ____ / ____ through ____ / ____ / ____

*Are you an Eligible spouse of a veteran? Yes No

Employment Preferences

Check your work preferences

Work Week:

- Full time (30 hrs. per week or more)
- Part time (Less than 30 hrs. per week)
- Any

Duration: (length of employment)

- Regular (More than 150 days)
- Temporary (3 days or fewer)
- Regular or Temporary (4-150 days)

Minimum acceptable wage required: \$ _____ per Hour Day Week Month Year Other

Date you are available for work: ____ / ____ / ____

Which shift(s) are you willing to work? Check all that apply.

- First (Shift that begins in the morning) Second (Shift that begins in the afternoon/early evening)
- Third (Shift that begins at night) Split Rotating Any

*Are you a Migrant or Seasonal Farm Worker? (for definitions please see staff or Supplemental Questionnaire) Yes No

Acceptable Job Locations

*I am willing to work within the following zip code, county or state

10 25 50 100 miles of zip code _____ County _____ State _____

(circle the number of miles and write the zip code)

Note: If you are receiving Unemployment Insurance, you may be required to travel 1 hour by private transportation or 1 1/2 hours by public transportation.

Employment Objective

*Employment Objective/Type of work seeking: Job Title _____
Job Title _____

*List most recent occupation(s)/job(s)

Job Title

Experience in this Job

Years _____ Months _____

Years _____ Months _____

Work History

If you have job experience, please put as much detail in this section as possible to improve our chances of helping you find work. Enter the most recent employment first. Complete all required items for each employer.

*Job Title _____ *Employer _____

*Address _____

* City _____ *State _____ *Country (if not USA) _____

*Start Date (mo./yr.) ____ / ____ * End Date (mo./yr.) ____ / ____

Supervisor _____ Phone Number (____) _____

*Wage \$ _____ per hr / day / wk / mo / yr / other *Reason for Leaving _____

*Job Duties _____

Certificates/Licenses

Do you have an occupational certificate or license? Yes No

*Certificate/License _____ *Issuing Organization or Locality _____

Issue Date: (mo./yr.) _____ / _____ State _____ *Country _____

Additional Certificate or License:

*Certificate/License _____ *Issuing Organization or Locality _____

Issue Date: (mo./yr.) _____ / _____ State _____ *Country _____

Schools

Do you have a college degree, diploma or educational certificate? Yes No

*Course of Study _____ *Degree _____ Date Completed (mo./yr.) _____ / _____

*Issuing Institution _____ *State _____ *Country _____

*Course of Study _____ *Degree _____ Date Completed (mo./yr.) _____ / _____

*Issuing Institution _____ *State _____ *Country _____

Job Skills and Qualifications

*List at least one.

Include skills and abilities that you used in your job(s), volunteer work, personal experiences, or that you have acquired through school or training. Examples: laboratory techniques, carpentry, welding, ability to read blueprints, typing, and computer skills such as word processing software, programming languages, or computer assisted design. Also, include languages in which you are fluent.

List qualities or accomplishments related to your employment goal: _____

List any honors you have received or outside activities you participate in: _____

I certify that the information given on this document is true and accurate to the best of my knowledge.

*Signature _____ *Date _____

Work History, continued

*Job Title _____ *Employer _____

*Address _____

* City _____ *State _____ *Country (if not USA) _____

*Start Date (mo./yr.) _____ / _____ * End Date (mo./yr.) _____ / _____

Supervisor _____ Phone Number (_____) _____ - _____

*Wage \$ _____ per hr / day / wk / mo / yr/ other *Reason for Leaving _____

*Job Duties _____

*Job Title _____ *Employer _____

*Address _____

* City _____ *State _____ *Country (if not USA) _____

*Start Date (mo./yr.) _____ / _____ * End Date (mo./yr.) _____ / _____

Supervisor _____ Phone Number (_____) _____ - _____

*Wage \$ _____ per hr / day / wk / mo / yr/ other *Reason for Leaving _____

*Job Duties _____

Trade Adjustment Assistance (TAA)

Have you been notified by the New York State Department of Labor (received Form TA722) that you are eligible for Trade Adjustment Assistance? Yes No If Yes, TAA petition # _____

If No, were you separated from your employment due to foreign trade? Yes No

Driver's License

Do you have a driver's license? Yes No Issuing State _____

What type of license do you have? Class A (Tractor Trailer) Class B (Truck/Bus) Class C (Light Truck Com'l.)
 Class Cn (C-non-CDL) Class D (Operators) Class E (Taxi)
 Class M (Motorcycle)

Endorsements: Passenger Transport Hazardous Materials Tank Vehicles Motorcycle
 School Bus Doubles/Triples Tank Hazard Air Brakes

Do you need public transportation to get to a job? Yes No

Do you have reliable transportation to and from work? Yes No



Career Center Supplemental Questionnaire
Additional Information & Program Eligibility

Name: _____

NYID#: _____

Please answer these questions to help us determine if you qualify for other Workforce System programs and services. This information is confidential and will only be used to determine further program eligibility, federal reporting requirements for Workforce Innovation and Opportunity Act-funded programs, and affirmative action requirements. We would like you to complete this form so we can help you better. However, answers are voluntary.

Are you or any member of your family receiving any Public Assistance/Low Income? [] Yes [] No

Check all that apply:

- [] TANF (Temporary Assistance for Needy Families)
[] Food Stamps/SNAP
[] GA (General Assistance State/Local)
[] RCA (Refugee Cash Assistance)
[] Home Relief
[] SSI (Supplemental Security Income)
[] SSDI (Social Security Disability Insurance)
[] Exhausting TANF within two years

Low income individual with a total family income that does not exceed the higher of:

- [] The poverty line
OR
[] 70% of the lower living standard income level
Other _____

Are you a person with a disability? [] Yes [] No [] Prefer not to answer
Do you have a physical or mental impairment that substantially limits one or more of your major life activities?

If Yes, do you have a:

- [] Physical/Chronic Health Condition
[] Physical/Mobility Impairment
[] Mental or Psychiatric disability
[] Vision-related disability
[] Hearing-related disability
[] Learning disability
[] Cognitive/Intellectual disability

Are you a Migrant or Seasonal Farm Worker? [] Yes [] No

If "Yes," check one of the following:

- [] Seasonal Farm Worker: someone who is or was employed in the past 12 months in farm work of a seasonal or other temporary nature and who can return to their permanent place of residence in the same day. This does not include non-migrant individuals who are full-time students.
[] Migrant Farm Worker: a seasonal farm worker (see above) who travels to the job site and cannot return to their permanent place of residence in the same day. This does not include full-time students traveling in organized groups rather than with their families.
[] Migrant Food Processor: (see Migrant Farm Worker)

Are you a spouse of a US Armed forces member on active duty and lost your job as a direct result of relocation due to a permanent change your spouse's duty station? [] Yes [] No

Are you a **Displaced Homemaker**? Yes No

Have you been providing unpaid services to family members in the home and:

- Depended on the income of another family member but are no longer supported by that income; or are the dependent spouse of a member of the military on active duty and whose family income is significantly reduced due to a deployment, a call or order to active duty, or the death or disability of the member, **AND**
- Are unemployed or underemployed and are having trouble finding or keeping employment.

Are you a **single parent**? Yes No

Are you a single, separated, divorced or widowed person who has primary responsibility for one or more dependent children under age 18 (including single pregnant women)?

Are you **homeless**? Yes No

Do you lack a permanent and suitable nighttime residence? This includes:

- Sharing housing with other persons due to loss of housing, economic hardship or a similar reason,
- Living in a motel, hotel, trailer park or campground due to a lack of other suitable options,
- Living in an emergency or temporary shelter,
- Abandoned in a hospital,
- Awaiting foster care placement, or
- Having a main nighttime residence that is a public or private place such as a car, park, abandoned building, bus or train station, airport or campground.

Are you an **ex-offender**? Yes No

Were you subject to any stage of the criminal justice process? Do you need help overcoming barriers to employment resulting from a record of arrest or conviction for crimes against persons or property, status offenses or other crimes?

Are you an **English Language Learner**? Yes No

Do you have limited ability in speaking, reading, writing or understanding English? Do you meet one of the following two conditions?

- Is your native language a language other than English?
- Do you live in a family or community where a language other than English is the main language?

Do you think you have a **cultural barrier**? Yes No

Do you have attitudes, beliefs, customs or practices that may make it hard for you to find work?

Do you lack **basic skills**? Yes No

Are you unable to solve problems, or read, write, or speak English at a level necessary to function on the job, in your family, or in society?

I certify that the information given on this document is true and accurate to the best of my knowledge.

Signature

Date

JOB MATCHING SKILLS

Please check the skills and preferences listed below that apply to you so we will be better able to match your qualifications with job openings.

Please add Skills not listed in the space provided

Name: _____ NYID#: _____

Certifications/Occupational Licenses

- Acupuncture
- Airbrakes
- Asbestos Removal
- Audiology
- Auto Mechanics (certified) – ASE
- Barber
- Bus Driver's License
- Certified Athletic Trainer
- Certified First Responder
- Chiropractor
- CNA
- Cosmetology
- CPA
- Dental Assistant
- Dental Hygienist
- Dialysis Nurse
- Dietician-Nutritionist
- Doubles/Triples Endorsement
- Driver's CDLA
- Driver's CDLB
- Driver's CDLC
- Driver's Class D
- Electrician
- EMT
- Fire Technology
- FCC License
- Forklift Operator
- Hazardous Materials
- Hazwoper
- Home Health Aide (certified)
- Insurance Adjuster
- Insurance Agent
- Insurance Broker
- Insurance consultant
- Land Surveyor
- Massage Therapy
- Medical Assistant
- Midwife
- Nurse Practitioner
- NYS Counselor (Specialty--School, Drug, etc.)
- NYS Inspection
- NYS Teacher (Specialty--English, History, etc.)
- Occupational Therapy
- Occupational Therapy Assistant
- Optician

- OSHA _____
- OSHA 40
- Passenger Endorsement
- Personal Care Aide
- PHR-Professional HR
- Physical Therapy Assistant
- Physician Assistant
- Pilot's License
- Plumber
- Radiology
- Real Estate
- RN-Registered Nurse
- Security
- Social Worker
- Speech Pathology
- SPHR-Senior Professional HR
- Tanker
- Taxi Driver License
- Teacher Assistant
- Welder

Other _____

Clerical

- Accounting
- Accounts Payable
- Accounts Receivable
- Active listening
- Balance Sheets
- Billing
- Bookkeeping
- Collections
- Coordination
- Customer Service
- Data Entry
- Filing
- Insurance
- Legal Terminology
- Medical Terminology
- Microsoft outlook
- Monitoring
- Multi-Line Phone
- Payroll
- Public Contact
- Purchasing
- Real Estate
- Reception
- Reconciliations
- Scheduling
- Service orientation
- Stenography

Other _____

- Transcription
- Type _____ WPM
- Web conferencing
- Word processing
- Writing

Other _____

Health Care

- Acute Care
- Cardiology
- CCU
- Clinical
- CPR
- Draw Blood
- Drug Interactions
- EEG
- EKG
- Emergency Room
- First Aid
- Gastroenterology
- Geriatric
- HIV/AIDS
- ICU
- Infectious Disease
- In-Home Care
- Institutional Care
- Medical Records
- OB GYN
- Oncology
- Operating Room
- Orthopedics
- Patient Assessment
- Pediatric
- Pharmacology
- Phlebotomy
- Radiation Therapy
- Surgical

Other _____

Food/Beverage Services

- Baker
- Bar Tender
- Barista
- Bus Person
- Counter Worker
- Deli Cutter/Slicer
- Food Prep
- Fountain Worker
- Full Menu
- Host/Hostess
- Kitchen Maintenance
- Manager
- Meat Cutter
- Operate Dishwasher
- Poultry Cutter
- Purchasing
- Seafood Cutter
- Serve Drinks
- Server, Banquet

- Server, Formal
- Server, Informal
- Shake Drinks
- Short Order
- Supervisor
- Table Setup
- Vegetable, Fry, Sauce (Cook)

Other _____

Construction

- Bridges
- Buildings
- Cabinetry
- Commercial
- Finish Carpentry
- Heavy Equipment Operation
- Material Handling
- Mathematics
- Own Tools
- Quality Control Analysis
- Read Blueprints
- Roads
- Rough Carpentry
- Welder Mig Tig Structural

Other _____

Maintenance/Technical Repair

- 110/220
- 3 Phase
- 440
- AC Inverters
- Analog Electronics
- Assemble Gear Systems
- Boilers
- Carpentry
- DC Drives
- Digital
- Electrical Codes
- Electrical Test Equipment
- High Voltage Apparatus
- HVAC
- Hydraulics
- Industrial Controls
- Install Electromechanical Controls
- Masonry
- Painting
- PLC Programming
- Plumbing
- Repair Cost Estimates
- Steam Fitting
- Troubleshooting
- Welding Mig
- Welding Tig
- Welding, Structural Combination

Other _____

Manufacturing

- AOD Assembly
- Brazing
- CAD
- CMM Inspection
- CNC Programming
- Combination Welding
- Computerized systems
- Design Tools
- Equipment Maintenance
- Fabricate Tools
- Fiber Optics
- Gas Welding
- Gauging
- Inspection
- ISO 9000 ISO 9001 ISO9002
- Machine Shop
- Mastercam
- Material Handling
- MIG Welding
- Nondestructive Testing
- Offset Machining
- Plastics
- Production Control
- Production Planning
- Production Scheduling
- Quality Assurance Techniques
- Read Blueprints
- Read machine programming code
- Read manufacturing blueprints
- Regrind Tools
- Reset Tools
- Rigging
- Sheet Metal
- Soldering
- Through-Hole Circuit Boards
- Time Studies
- Upholstery
- Write machine programming code
- X-Ray/Magnetic Inspection

Other _____

Mechanical/Automotive/Repair

- Aircraft
- All around Mechanic Car or Truck
- Appliances
- Auto Body
- Brakes & Rotors
- Bus
- Detailing
- Diesel
- Equipment maintenance
- Equipment selection
- Foreign
- Frame Straightening
- Heavy Equipment

- Motorcycle
- Operation monitoring
- Own Tools
- Reconditioning
- Renovating
- Small Engine
- Suspension
- Tire Replacement
- Transmission Repair
- Trouble shooting
- Truck
- Tune ups
- Welding
- Windshield Replacement

Other _____

Professional/Technical

- Auditing
- Avionics
- Codes
- Contract Administration
- Evaluations
- Fiber Optics
- Human Resources
- Import Export
- International Relations
- Labor Relations
- Legal
- Marketing
- Mediation
- Public Speaking
- Quality Control
- Research
- Residence Counselor
- Sales- Inside or Outside (circle one)
- State Federal Relations
- Training

Other _____

Retail Skills/Sales/Service

- Building Materials
- Buying
- Cashier/Scanner
- Clothing
- Complaint Clerk Desk
- Cosmetics
- Counter Sales
- Customer Service
- Demonstrate Products
- Electrical Supplies
- Flooring
- Hand and Power Tools
- Hardware
- Home Decorations
- Inventory
- Jewelry

- Lawn and Garden
- Loss Control
- Lumber Yard
- Negotiating
- Ordering
- Paint
- Pharmacy
- Phone Sales
- Plumbing Supplies
- Purchasing
- Returns
- Sales
- Shoes
- Stocking
- Supervision

Other _____

Managing/Supervising

- Budget Management
- Conflict Resolution
- Crisis Management
- Delegating
- Facilitating
- Financial Management
- Hiring/Staffing
- Interviewing
- Leadership Skills
- Managing Remote Teams
- Managing Virtual Teams
- Mentoring
- Monitoring
- Motivating
- Process Management
- Product Management
- Project Management
- Provide Feedback/Criticism

Other _____

Soft Skills

- Business Trend Awareness
- Committed
- Competitive
- Computer/Technical Literacy
- Creative Thinking
- Dealing w/difficult people/difficult situations
- Decision making
- Emotional Intelligence
- Flexibility/ Adaptability
- Follow instructions/ Regulations/ Rules
- Goal Orientated
- Good Communication: Verbal/Visual/physical
- High energy/Positive attitude
- Independent
- Self-monitoring
- Judgment & Decision making

- Motivated/Motivating
- Multitask
- Negotiating skills
- Networking
- Speaking/Presentations
- Punctual/Good attendance
- Reading Comprehension
- Strong Work Ethic
- Teamwork/Team Building
- Technology Trend Awareness
- Time management
- Willingness to Learn
- Workplace Professionalism
- Writing Reports/ proposals
- Writing Skills

Other _____

Please list any Additional Skills

COMPUTER SKILLS

Please check the skills and preferences listed below that apply to you so we will be better able to match your qualifications with job openings. Please add additional skills not listed.

Name: _____ NYID#: _____

Adobe Systems

- PageMaker
- PowerPoint

Other _____

Corel:

- COREL Draw
- Quattropro
- Word Perfect
- Word Processing

Other _____

Database

- Data Base Administration
- Dbase
- Logical Data Base
- Oracle
- Physical Data Base

Other _____

Graphics/Design

- Graphic Design
- Web Page Design

Other _____

Microsoft

- Microsoft Access
- Microsoft Excel
- Microsoft Outlook
- Microsoft PowerPoint
- Microsoft Word

Other _____

Networks

- LAN/WAN
- Network

Other _____

Operating Systems

- DOS
- LINUX
- OSX
- System Design
- UNIX
- Windows

Other _____

Programming Languages

- C
- C#
- C++
- COBOL
- HTML
- JAVA
- JAVA Script
- Perl
- PHP
- Python
- Ruby
- SQL
- Visual Basic

Other _____

Publishing

- COREL Draw
- Desktop Publishing
- PageMaker
- Photoshop
- Quarkxpress

Other _____

Repair/Maintenance

- Hardware Repair
- Help Desk
- Installation
- Technical Assistance
- Troubleshooting

Other _____

Accounting/Financial Software

- Abila
- Accufund
- Acumatica
- Blackbaud
- Intacct
- Microsoft Dynamics
- Multiview
- NetSuite
- QuickBooks
- Quicken
- Sage50/Peachtree
- SAP
- Unit4
- Xero

Other _____

Calendar and Scheduling Software

- Achieve Planner
- Chaos Intellect
- EssentialPM
- Full Slate
- LeaderTask
- Mapics Upgrade
- Microsoft Outlook
- MylifeOrganized
- PeopleSoft
- Personal Taskmaker
- Taskline
- VIP Task Manager
- WorkEngine

Other _____

Conferencing Software

- Cisco Jabber
- Cisco WebEx
- GoToMeeting
- Mitel MiCollab
- Skype

Other _____

Inventory Software

- AdvancePro
- Fishbowl inventory
- JDA
- QuickBooks Inventory Management
- Stitch

Other _____

List any additional computer skills below
