

Applicant Skills and Experience Checklist

Please complete this checklist to assist in the evaluation of your application. This form is designed to be printed and filled out, or completed digitally before printing.

1. Applicant Information

Full Name:

Date:

Position Applied For:

Total Years of Professional Experience:

2. Core Skills Assessment

Please indicate your proficiency level (e.g., Beginner, Intermediate, Advanced) and years of experience for each skill area.

Skill / Technology Area	Proficiency Level (Beginner / Intermediate / Advanced)	Years of Experience
Project Management & Planning	<input type="text"/>	<input type="text"/>
Data Analysis & Reporting	<input type="text"/>	<input type="text"/>
Customer Relationship Management (CRM)	<input type="text"/>	<input type="text"/>
Technical Writing & Documentation	<input type="text"/>	<input type="text"/>
Team Collaboration & Leadership	<input type="text"/>	<input type="text"/>
<input type="text" value="Other: Specify Skill"/>	<input type="text"/>	<input type="text"/>
<input type="text" value="Other: Specify Skill"/>	<input type="text"/>	<input type="text"/>

3. Professional Certifications & Education

List any relevant professional certifications, licenses, or academic degrees.

- Certification/Degree 1:
- Certification/Degree 2:
- Certification/Degree 3:

4. Additional Comments & Notes

List any other tools, hardware, or methodologies you have experience with that are relevant to this position.

5. Verification Sign-off

I hereby certify that the information provided in this skills checklist is true and accurate to the best of my knowledge.

Applicant Signature (Printed Name):

Date of Signature: