

**DHS OFFICE SPECIALIST APPLICATION FORM**  
DHS Self-Qualification Form for Office Specialist 1 and 2

NAME: \_\_\_\_\_ SOC SECURITY #: \_\_\_\_\_

**MINIMUM QUALIFICATIONS**

Check the answer that indicates your training and/or experience for each question below. **MARK YOUR ANSWERS IN TERMS OF 40 HOURS PER WEEK.** For example, if you worked 20 hours per week for 1 year, your equivalent full time experience would be 6 months. Choose only one (1) answer for each question.

1. How much college-level education, if any, do you have in office technology or office occupations?  

(A) None                                      (B) Certificate                                      (C) Associate's degree
2. How much general clerical experience do you have?  

(A) Less than 12 months      (B) 1 year or more      (C) 2 years or more
3. How much of the experience checked in question #2 included typing, word processing, or other generation or production of documents?  

(A) Less than 12 months      (B) 1 year or more

*How did you hear about our Office Specialist 1 & 2 Clerical Series?*

DHS Website                                      Newspaper Ad                                      Job Fair

Other: \_\_\_\_\_

*\*Please attach this form with your application materials*