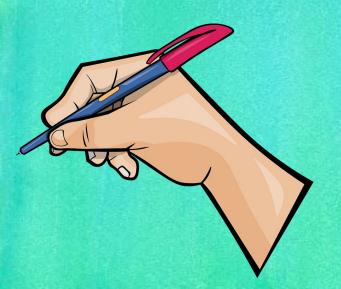
Typing Practice: Personal Information









Full Name



ian





Your Phone Number

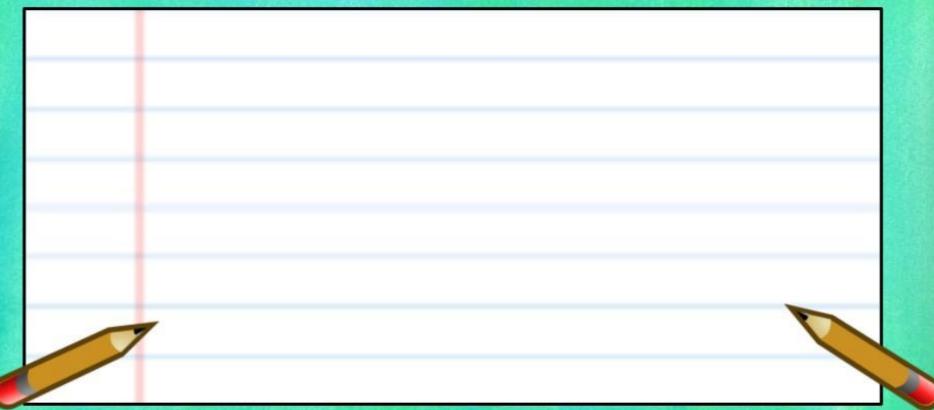


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Name of Your School







Mother's Name and Phone Number

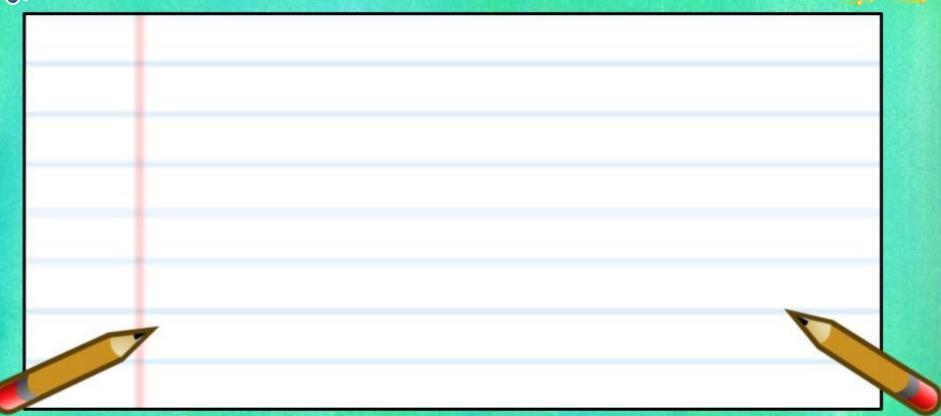






Father's Name and Phone Number

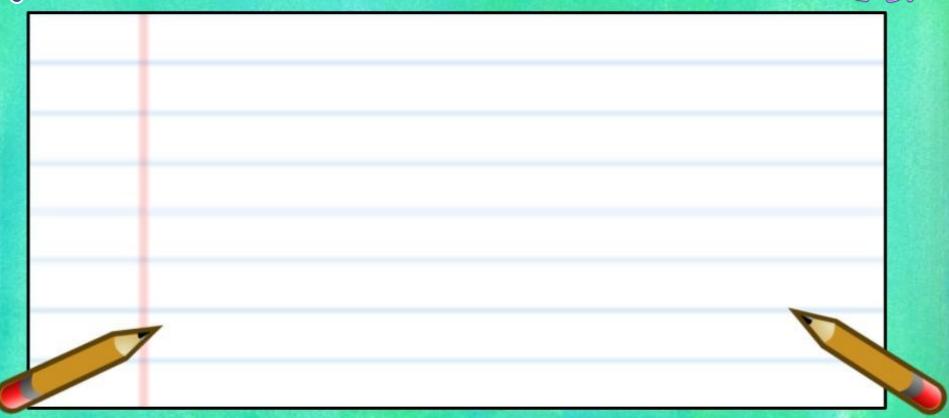






Date of Birth (Your Birthday)

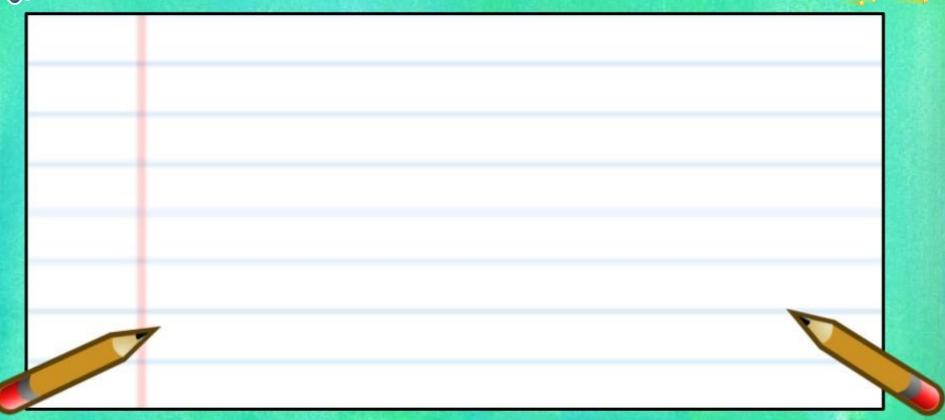






Emergency Contacts Name and Phone Numbers







Marital Status (Ex: Single, Widow, Married, Etc)

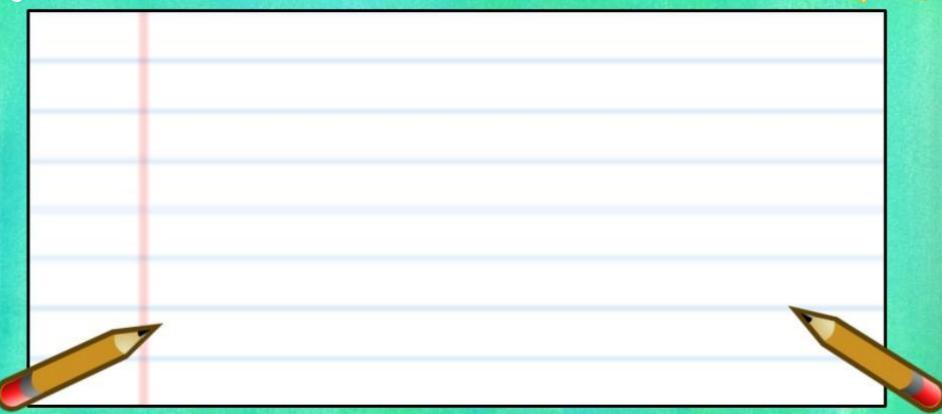






Previous Employment (Jobs)

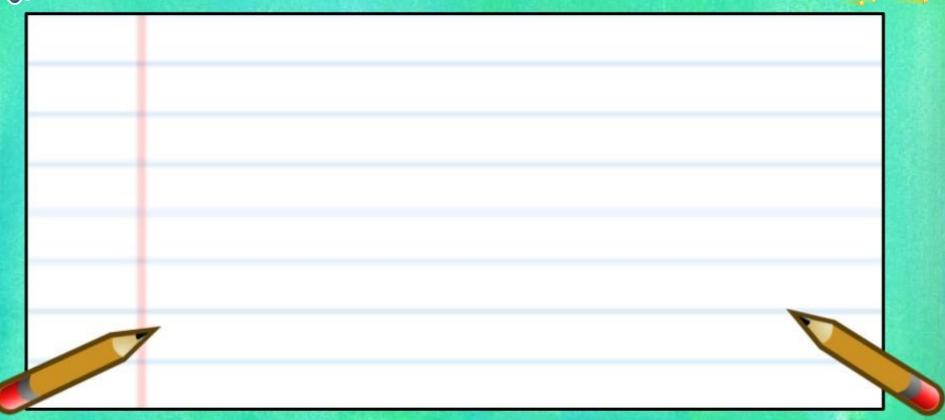






What are your strengths and weaknesses?

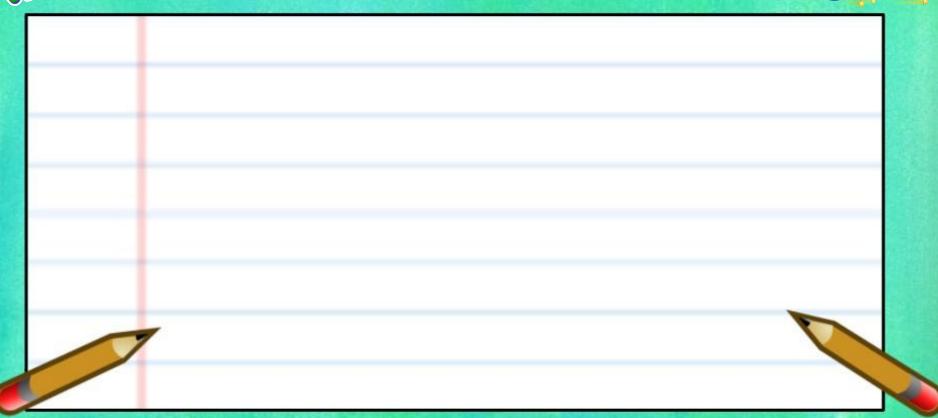


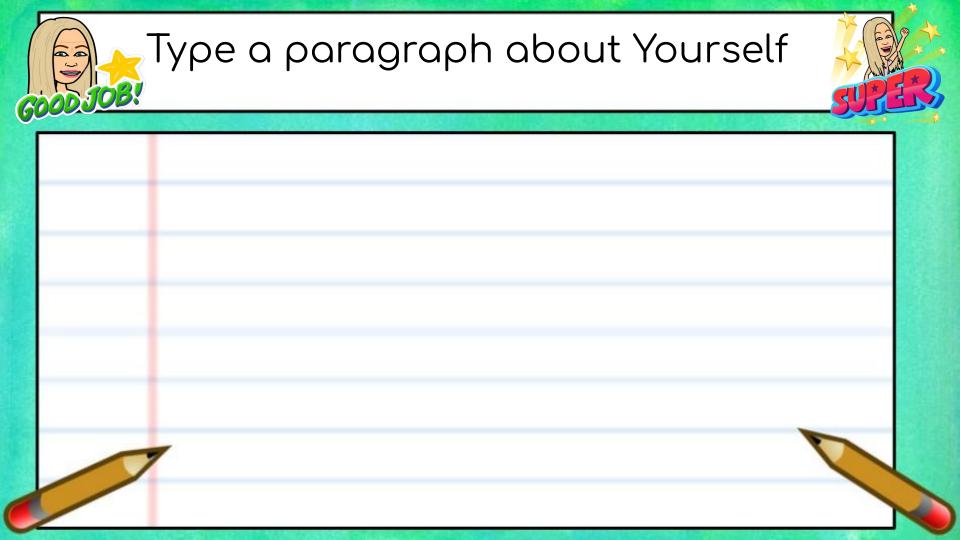




What is a goal you have?







Good Job!





