

EAST BAY REGIONAL PARK DISTRICT

TYPING SPEED VERIFICATION FORM

To be completed by a representative of accredited business schools or colleges, Adult Education Centers, Skills and Business Education Centers, public agencies, professional services or business concerns which routinely provide typing verification documentation in their normal course of business (***Internet Certificates will NOT be accepted***).

NAME of the Applicant: _____

DATE of Typing Skills Test: _____

DURATION of the typing skills test (5 minutes minimum): _____

GROSS WORDS typed per minute _____

NUMBER OF ERRORS made (not percentage of errors): _____

(Please do not calculate the net words typed per minute. Net words per minute will be calculated by District staff by deducting 1.5 points for each error.)

NAME OF THE EXAMINER ADMINISTERING THE TEST: _____

(Please print)

Signature of Examiner _____

NAME OF THE ORGANIZATION/AGENCY: _____

ADDRESS OF ORGANIZATION/AGENCY _____

TELEPHONE NUMBER OF THE ORGANIZATION/AGENCY: _____

The typing verification documentation must have been obtained within one year of the application closing date for this examination. In lieu of this form, you may attach another verification form if it provides all of the above information and if the typing test was administered within one year from the application closing date.