

Project #: W-15

# Word Specialist

Level  
Basic Intermediate Advanced



Project Title  
**Employee Personnel Form**

### New Skills:

- Merging/splitting cells
- Aligning text
- Using shading



The Office  
**Specialist.com**  
The Microsoft Office Experts

Lawn Enforcement

College Concierge

Squeaky Clean

Lettuce-Do-Lunch

Jazz My Wheels

**Word Specialist**  
**Project #: W-15**

**Customer Name:** Lawn Enforcement

**Assigned to:** You, the MS Word Specialist

**Project Title:** Employee Personnel Form

**Date:** (current date, 20xx)

**Note:** Prior to beginning this project, review the Company Overview provided on page 18.

**Project Description**

Lawn Enforcement is hiring more employees due to business growth. This means they need to be more professional about keeping employee records. Lawn Enforcement has decided they need to create a personnel form that will provide contact information for each employee.

**Your Job**

As the Microsoft Word Specialist, you will create a user-friendly Employee Personnel Form to help Lawn Enforcement keep the information they need in their personnel files. It should be quick and easy to complete.

**Tips and Strategies**

1. An example of what your finished document should look like has been provided. Refer to this document for visual guidance as you complete the instructions. When you see an icon in the instructions, look for the matching icon in the finished document.
2. This form may need to be changed from time to time, so be sure to include a footer with the version number.
3. Read through all of the instructions before proceeding with the project.

## Instructions to the MS Word Specialist

1. Using Microsoft Word, open a new document.
2. Save the document as **Project W-15 Employee Personnel Form** in your “Word Projects” folder within the “Lawn Enforcement Projects” folder.
3. Set the left, right, and top margins at 0.5 inch and set the bottom margin at 0.6 inch.
4. Unless otherwise noted, the font should be set to Arial 12 point.
5. At the top center of your document, insert the Lawn Enforcement logo from the “Logos” folder as shown in **Document W-15**. Resize the logo so it is in proportion with the rest of your document. See icon **A**
6. Directly below the logo, center-aligned, bold, key the company’s name using point size 16 as shown in **Document W-15**. See icon **B**
7. Double-space and insert a table with 3 columns and 22 rows.
8. In the first row, specify the row height to be 0.4.
9. Merge the cells in row 1 and key the text as shown in **Document W-15**. See icon **C**
10. In rows 2 to 22, specify the row height to be 0.3.
11. Merge the cells in row 2 and then split the row into two columns. Key the text as shown in **Document W-15**.
12. Merge the cells in row 3 and then split the row into two columns. Key the text as shown in **Document W-15**.
13. Merge the cells in row 4 and key the text as shown in **Document W-15**.
14. Key the text in rows 5 and 6 as shown in **Document W-15**.
15. Merge the cells in row 7.
16. Merge the cells in row 8 and key the text as shown in **Document W-15**.
17. Continue this process row by row to prepare the form and key the text.
18. To allow more space for the employee’s signature in row 22, hit the Enter key one time before keying the text and hit Enter one time after. See icon **D**
19. Use the Borders and Shading feature to shade row 1 with a light gray fill color.
20. Key the text in the footer using point size 9 as shown in **Document W-15**. See icon **E**

### Instructions to the MS Word Specialist (Continued)

21. Carefully proofread your work for accuracy and format.
22. Resave the file.
23. Print a copy of the document if required by your instructor.

**A**



**B** Lawn Enforcement

Employee Personnel Form <b>C</b>		
First Name		Last Name
Social Security		Date of Birth
Address		
City	State	Zip Code
Phone Number	Cell Phone Number	E-mail Address
Spouse's Name (if applicable)		
Phone Number	Cell Phone Number	E-mail Address
Emergency Contact Name		Phone Number
Regular Hours	Extra Hours Available	Weekends Available
Partner Preference		Phone Number
City	License Number	
Bank Name		
Address		
City	State	Zip Code
Direct Deposit	yes    no	Deposit Amount
Primary Beneficiary		Secondary Beneficiary
<b>D</b> Signature for Verification Purposes:		

**E** © Lawn Enforcement, Employee Personnel Form, version 1, <current date>