

Part 7
O*NET Ability Profiler™, Form 1 and 2

U.S. Department of Labor

						(Identification Number)
Name (Last, First, Middle)				Date (Month, Day, Year)		<div style="display: flex; justify-content: space-between;"> </div>

Address

INSTRUCTIONS:

On this page is an exercise in making lines in squares. Do NOT begin until you are told to do so.

You are to make three lines like these || in each of the squares below. The lines should be made as quickly as possible. Finish each box before going on to the next one. Work as fast as you can until told to stop. Work from left to right in each row. If your pencil point breaks, use your other pencil and keep working.

The first three squares have been done for you. You will be allowed 10 seconds to do the other squares. Work as fast as you can. Do NOT stop to make corrections.

SCORE

--	--	--

7

Begin
here

$\frac{_}{_}$	$\frac{_}{_}$	$\frac{_}{_}$							
-----------------	-----------------	-----------------	--	--	--	--	--	--	--

10

_____ (a)

_____ (b)

_____ (c)

[illegible]

20

--	--	--

8

[illegible]

30

_____ (a)

_____ (b)

_____ (c)

[illegible]

40

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9

STOP! DO NOT GO ON TO THE NEXT EXERCISE UNTIL YOU ARE TOLD TO DO SO.

Below is another exercise like the one you have just done. You will be allowed 10 more seconds to make the same three lines in as many more squares as you can. See if you can go faster this time.

Begin
here

--	--

10

□ □ □ □ □ □ □ □ □ □

10

--	--

11

[illegible]

20

[illegible]

30

[illegible]

40

STOP! DO NOT TURN THIS PAGE UNTIL TOLD TO DO SO.

On the back of this page is another exercise exactly like this. Work as fast as you can. This time you will have **60** seconds.

Begin
here

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	40
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	50
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	80
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