

Resume Planning Sheet¹

EDUCATION:

Name of **high school**: _____
Location of high school (city/state OR city/country) _____
Dates you attended the high school: Month/Year you started: _____
Month/Year you finished _____
Did you graduate? _____

Name of **college/university**: _____
Location of college/university (city/state OR city/country) _____
Dates you attended: Month/Year you started: _____
Month/Year you finished _____
What did you study? _____
Did you graduate? _____

Name of **college/university**: _____
Location of college/university (city/state OR city/country) _____
Dates you attended: Month/Year you started: _____
Month/Year you finished _____
What did you study? _____
Did you graduate? _____
Did you get a certificate or license? _____

WORK EXPERIENCE

Most recent job (or job you have now)

Job title (what is your job?) _____
Name of organization/company: _____
Location of organization (city/state or city/country) _____
Dates you worked: Month/Year you started: _____
Month/Year you finished _____

List of duties (what did you DO in this job? Write a LIST of what you did. Begin each line with a VERB. The verb should be in the simple present or past tense)

1. _____
2. _____
3. _____
4. _____

¹ Developed and provided By Allison Cohen, Dir. BRIDGES Center Everett Community College
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Job you had before

Job title (what was your job?) _____

Name of organization/company: _____

Dates you worked: Month/Year you started: _____

Month/Year you finished _____

Location of organization (city/state or city/country) _____

List of duties (Begin each line with a VERB. The verb should be in the past tense)

1. _____
2. _____
3. _____
4. _____

Job you had before

Job title (what was your job?) _____

Name of organization/company: _____

Dates you worked: Month/Year you started: _____

Month/Year you finished _____

Location of organization (city/state or city/country) _____

List of duties (Begin each line with a VERB. The verb should be in the past tense)

1. _____
2. _____
3. _____
4. _____

Job you had before

Job title (what was your job?) _____

Name of organization/company: _____

Dates you worked: Month/Year you started: _____

Month/Year you finished _____

Location of organization (city/state or city/country) _____

List of duties (Begin each line with a VERB. The verb should be in the past tense)

1. _____
2. _____
3. _____
4. _____

Job you had before

Job title (what was your job?) _____

Name of organization/company: _____

Dates you worked: Month/Year you started: _____

Month/Year you finished _____

Location of organization (city/state or city/country) _____

List of duties (Begin each line with a VERB. The verb should be in the past tense)

1. _____
2. _____
3. _____
4. _____

SKILLS

Certifications/Licenses:

Languages you speak

Computer skills (Computer programs you know, typing speed)

Do you have a prior felony conviction? If yes please explain. _____

Can you pass a drug test today?

Describe your transportation situation. _____
