

RESUME WORKSHEET – CHRONOLOGICAL STYLE RESUME

Name: _____

Address: _____

Town/City, Province: _____

Postal Code: _____

Phone Number: _____

Objective: _____

(A brief statement that outlines that type of employment you are seeking)

Summary of Skills and Qualifications:

- _____ (number of years in this type of work)
- _____ (related education or training)
- _____ (key skills, talents or special knowledge)
- _____ (3 key attributes that describe your personal work style)

Work Experience: (list in reverse chronological order)

Job Title: _____

Name of Organization/Business: _____

Duration of Employment (Month/Year – Month/Year): _____

- _____ (brief list of duties and responsibilities)
- _____
- _____
- _____

Job Title: _____

Name of Organization/Business: _____

Duration of Employment (Month/Year – Month/Year): _____

- _____ (brief list of duties and responsibilities)
- _____
- _____
- _____

Job Title: _____

Name of Organization/Business: _____

Duration of Employment (Month/Year – Month/Year): _____

- _____ (brief list of duties and responsibilities)
- _____
- _____
- _____

Job Title: _____

Name of Organization/Business: _____

Duration of Employment (Month/Year – Month/Year): _____

- _____ (brief list of duties and responsibilities)
- _____

- _____
- _____

Education and Training (List in reverse chronological order)

Course Title: _____

Name of School or Institute: _____

Date of Completion (Month/Year): _____

Course Title: _____

Name of School or Institute: _____

Date of Completion (Month/Year): _____

Course Title: _____

Name of School or Institute: _____

Date of Completion (Month/Year): _____

Course Title: _____

Name of School or Institute: _____

Date of Completion (Month/Year): _____

Course Title: _____

Name of School or Institute: _____

Date of Completion (Month/Year): _____

Interests and Activities

- _____
- _____
- _____
- _____

References

Name: _____

Title and Business Affiliation: _____

Contact Number: _____

Name: _____

Title and Business Affiliation: _____

Contact Number: _____

Name: _____

Title and Business Affiliation: _____

Contact Number: _____