Resume Builder Worksheet

Personal Information

First Name:_____ Last Name:_____

Street Address: _____

City:_____ State:_____ Zip: _____

Phone (Home): _____ Phone (Work):_____

E-mail: _____

Employment Objective Statement

_____

_____

_____

_____

Summary of Skills & Qualifications

Login to your Guidance Central Portfolio at http://www.bridges.com, click on Choices Planner and take the Basic Skills Survey, the Workplace Skills Checklist, or the Transferable Skills Checklist to help you determine your skills and qualifications. List the skills and qualifications below that you will include on your resume.

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Your Employment History

Company Name: _____ Your Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____

Job Duties, Responsibilities, and Accomplishments (use action words): _____

_____

_____

_____

Company Name: _____ Your Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____

Job Duties, Responsibilities, and Accomplishments (use action words): _____

_____

_____

_____

Company Name: _____ Your Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____

Job Duties, Responsibilities, and Accomplishments (use action words): _____

_____

_____

_____

Your Education & Training

School Name:_____ State:_____

Type of Education or Degree: _____

Program/Major or Course of Study:_____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____

School Name:_____ State:_____

Type of Education or Degree: _____

Program/Major or Course of Study:_____

Start Date (mm/yyyy): _____ End Date (mm/yyyy): _____

Certificates & Licenses

Name of Certificate/License: _____

Name of Issuing Organization: _____

Date Aquired (mm/yyyy): _____ State: _____

Name of Certificate/License: _____

Name of Issuing Organization: _____

Date Aquired (mm/yyyy): _____ State: _____

Accomplishments, Activities, Honors, and Affiliations

_____

_____

_____

_____

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_____

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