

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? _____

Did you get a GED? _____

If no to the above, do you plan to complete? _____

Name of college/university: _____

Location of high school (city/state OR city/country) _____

Dates you attended the high school: Month/Year you started: _____

Month/Year you finished _____

What did you study? _____

Did you graduate? _____

Did you get a certificate or license? _____

If no to the above, do you plan to complete? _____

Name of college/university: _____

Location of high school (city/state OR city/country) _____

Dates you attended the high school: Month/Year you started: _____

Month/Year you finished _____

What did you study? _____

Did you graduate? _____

Did you get a certificate or license? _____

If no to the above, do you plan to complete? _____

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: _____

¹ Developed and provided By Allison Cohen, Dir. BRIDGES Center Everett Community College

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. _____

Job you had before:

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. _____

Job you had before:

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. _____

Job you had before:

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. _____

Job you had before:

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. _____

SKILLS

Certifications/Licenses:

Name: _____ Is it valid today?: _____

Name: _____ Is it valid today?: _____

Name: _____ Is it valid today?: _____

Name: _____ Is it valid today?: _____

Name: _____ Is it valid today?: _____

Do you need to update any of the above? _____

If yes, when do you plan to do so? _____

Languages you speak:

Computer skills (computer programs you know, typing speed, etc.):

OTHER IMPORTANT INFORMATION

Do you have any misdemeanor (or other minor criminal) convictions? If yes, please explain:

Do you have any prior felony convictions? If yes, please explain:

Can you pass a drug* test today? If no, why not?

****Remember: even though marijuana is now a legal substance in Washington State for persons over the age of 21, employers still follow and enforce drug-free work environments!****

Describe your transportation situation:

Do you have a valid Drivers License?:

If no, are you able to take a bus, ride your bike, or walk?

Do you have a Social Security number?

If no, can you prove that you are able to work in the United States?

What type of documentation can you provide?

Phone

First Last Name

Email Address

City and State

Objective or Job You Are Applying For *(this is optional)*

Skills/Qualifications

-
-
-
-
-

Employment History

Position

Employer

Location, City, State

Dates

-
-
-
-

Position

Employer

Location, City, State

Dates

-
-
-
-

Position

Employer

Location, City, State

Dates

-
-
-
-

Education

Institution Location, City, State

Major, Certificate, or Area of Study

Location, City, State

Dates

Institution Location, City, State

Major, Certificate, or Area of Study

Location, City, State

Dates