



## Resume Draft Worksheet

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

### SKILLS/QUALIFICATIONS

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

### EDUCATION

#### *HIGH SCHOOL/GED*

Name of School/GED program \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_

Years Completed \_\_\_\_\_

Diploma/Certification Yes \_\_\_ No \_\_\_ (if Yes, Year \_\_\_\_\_)

#### *COLLEGE*

Name of School/GED program \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_

Years Completed \_\_\_\_\_

Diploma/Certification Yes \_\_\_ No \_\_\_ (if Yes, Year \_\_\_\_\_)

#### *TRAINING OR CERTIFICATE PROGRAM*

Name of School/GED program \_\_\_\_\_

Address \_\_\_\_\_

Course of Study \_\_\_\_\_

Years Completed \_\_\_\_\_

Diploma/Certification Yes \_\_\_ No \_\_\_ (if Yes, Year \_\_\_\_\_)