



MT. ZION J.O.B.S. PROGRAM RESUME WORKSHEET

CONTACT INFORMATION

Name: _____
Last Middle Initial First

Address: _____
City State Zip

Male
Female

Phone: (____) _____ (____) _____ (____) _____
Home Work Cell

Email Address: _____

JOB OBJECTIVE

THINK ABOUT YOUR SKILLS - What are your most impressive aspects? What will be the most important pieces of information for an employer to know? What are your strengths? What personal traits are going to be important? What skills will transfer to another position?

What type of position you are looking for? (Name a specific title or type of work)

QUALIFICATIONS – Create Your Own "Top 5" List - Create the five most impressive reasons why you are qualified for the job or field you are applying for. These should be brief sentences that explain the most important information, and sum up your resume. Consider number years of experience, range or type of experience, special licensures or training, professional achievements or recognition, and/or transferable skills.

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

Mentor's approval _____
INITIALS DATE



Use reverse chronological order, beginning with your most recent position, then move on to the position you held before that, whether it was with the same company or not. Continue this for your employment history, focusing on the experiences that are most relevant to your job goal.

PREVIOUS EMPLOYMENT HISTORY

From: _____ To: _____
Start Date End Date

COMPANY NAME: _____ JOB TITLE: _____

CITY & STATE OF EMPLOYER: _____

JOB RESPONSIBILITIES – What were your duties on this job?

- _____
- _____
- _____
- _____

From: _____ To: _____
Start Date End Date

COMPANY NAME: _____ JOB TITLE: _____

CITY & STATE OF EMPLOYER: _____

JOB RESPONSIBILITIES – What were your duties on this job?

- _____
- _____
- _____
- _____

From: _____ To: _____
Start Date End Date

COMPANY NAME: _____ JOB TITLE: _____

CITY & STATE OF EMPLOYER: _____

JOB RESPONSIBILITIES – What were your duties on this job?

- _____
- _____
- _____
- _____

From: _____ To: _____
Start Date End Date

COMPANY NAME: _____ JOB TITLE: _____

CITY & STATE OF EMPLOYER: _____

JOB RESPONSIBILITIES – What were your duties on this job?

- _____
- _____
- _____
- _____



