



# Resume Development Sheet

Community Action Committee of Pike County  
941 Market Street, Piketon, Ohio 45661  
(740) 289-2371 FAX: (740) 289-1859  
Toll Free: 1-866-820-1185

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## PERSONAL INFORMATION

NAME: \_\_\_\_\_  
Last First M.I.

PRESENT ADDRESS: \_\_\_\_\_  
Street-Road/P.O. Box/Rural Route#/Apt.# City/State ZIP

HOME TELEPHONE#: \_\_\_\_\_

MESSAGE TELEPHONE#: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

## EDUCATIONAL INFORMATION

(List all sources of training utilizing this format on the back of this sheet)

MOST RECENT SCHOOLING/TRAINING ATTENDED (High School, Vocational, College, Continuing Education Course, etc.)

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS/LOCATION: \_\_\_\_\_

DATE(S) ATTENDED (month/year): FROM \_\_\_\_\_ TO \_\_\_\_\_

COURSE(S) OF STUDY/MAJOR: \_\_\_\_\_

GRADUATE/DID YOU COMPLETE TRAINING? (circle one) YES NO

LIST ANY AWARDS/HONORS/COMMENDATIONS RECEIVED AS A PART OF YOUR WORK EXPERIENCE OR TRAINING: \_\_\_\_\_

LIST ANY AFFILIATIONS, MEMBERSHIPS, VOLUNTEER ACTIVITIES, ETC., YOU WOULD LIKE TO MENTION: \_\_\_\_\_

**WORK EXPERIENCE**

**COMPLETE THE FOLLOWING PAGE LISTING THE LAST THREE (3) EMPLOYERS IN WHICH YOU WORKED:**

Make sure to be descriptive: Give details, mention tools and equipment used/operated, amounts of production, special talents and abilities used, time requirements, number of people supervised, etc.

DO YOU HAVE ANY OTHER TALENTS, SKILLS, ABILITIES IN YOUR WORK, TRAINING, AND/OR LIFE EXPERIENCE WHICH YOU DID NOT LIST, BUT, YOU WOULD LIKE TO LIST NOW? IF SO, PLEASE GIVE DETAILS: \_\_\_\_\_

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**REFERENCES**

List at least three (3) references (professionals such as teachers, former employers—not listed in training or work history information—clergy, public-elected officials, etc.). SPECIAL NOTE: It is advised that you seek permission prior to listing the name, address, and telephone number of your references.

NAME: \_\_\_\_\_

OCCUPATION/TITLE/POSITION: \_\_\_\_\_

ADDRESS

(State whether it is home, business, or work address. If business, be sure to give name of company):

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TELEPHONE NUMBER (State whether it is their home, business, or work phone number):

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USE AN ADDITIONAL PIECE OF PAPER IF NECESSARY

**WORK HISTORY** *Please Complete (List Most Recent Employment First)*

**Company Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Dates Worked: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Duties Performed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Beginning Wage** \_\_\_\_\_ **Ending Wage** \_\_\_\_\_

**What did you like most about your job?** \_\_\_\_\_  
\_\_\_\_\_



**Company Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Dates Worked: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Duties Performed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Beginning Wage** \_\_\_\_\_ **Ending Wage** \_\_\_\_\_

**What did you like most about your job?** \_\_\_\_\_  
\_\_\_\_\_



**Company Name and Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Supervisor:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_ **Dates Worked: From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for Leaving** \_\_\_\_\_

**Duties Performed:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Beginning Wage** \_\_\_\_\_ **Ending Wage** \_\_\_\_\_

**What did you like most about your job?** \_\_\_\_\_  
\_\_\_\_\_



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**ADDITIONAL INFORMATION**