



**Pike
County**
A proud partner of the
American Job Center Network

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

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: _____

USE THE BACK OF THIS SHEET IF NECESSARY

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: _____

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):

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

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? _____

ADDITIONAL INFORMATION