

NAME: _____

TITLE / PROGRAM: _____



CONTACT

Guiding Question: What is your email, phone number, and location?

Email: _____

Phone: _____

Location: _____

SKILLS

Guiding Question: What technical and soft skills do you have? (list 5-6)

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

CERTIFICATIONS

Guiding Question: What trainings or certificates have you completed?

1. _____
2. _____

PROFESSIONAL SUMMARY

Guiding Question: Who are you, what do you enjoy doing, and what is your career goal?

EDUCATION

Guiding Question: What is your school and program, and what years have you studied there?

School / Program: _____

Years: _____

EXPERIENCE

Guiding Question: What internship or work experience do you have? What tasks did you do? (Use action verbs!)

Job Title / Company: _____

Dates: _____

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

PROJECTS

Guiding Question: What project have you worked on? What did you learn from it?

Project Title: _____

ACHIEVEMENTS

Guiding Question: What awards, competitions, or recognitions have you received?

1. _____
2. _____

ORGANIZATIONS

Guiding Question: What clubs or organizations are you active in? What is your role there?

Organization / Role: _____
1. _____
2. _____