NAME:

TITLE / PROGRAM:

CONTACT

GuidingQuestion: *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,andwhatyears have you studied there?*

School / Program:

Years:

EXPERIENCE

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

Job Title / Company:

Dates:

1.
2.
3.
4.

PROJECTS

Guiding Question: *What project have you worked on?Whatdidyoulearn 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 youactivein?Whatisyourrole there?*

Organization / Role:

1.
2.