



Shawnee College Career Services
8364 Shawnee College Road
Ullin, IL 62992
Phone: (618)634-3337
Fax: (618)634-3352

Resume Form

Personal Information:

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____)____-____ Email: _____@____.____

Education:

<i>Name</i>	<i>Address</i>	<i>Dates Attended</i>	<i>Grad Date if applicable</i>	<i>Major</i>

Other Formal Training: _____

Skills: _____

Work History:

Employer: _____ Supervisor: _____

Address: _____

Job Title: _____

Dates of Employment: _____ to _____

Job Duties: _____

Employer: _____ Supervisor: _____

Address: _____

Job Title: _____

Dates of Employment: _____ to _____

Job Duties: _____

Employer: _____ Supervisor: _____

Address: _____

Job Title: _____

Dates of Employment: _____ to _____

Job Duties: _____

(You may attach an additional sheet if extra space is necessary)



References:

<i>Name</i>	<i>Address</i>	<i>Phone Number</i>
		()____-____
		()____-____
		()____-____