

# **RESUME WRITING CONSULTATION FORM**

# I. PERSONAL DATA

NAME:						
	LAST	FIRST		MIDDLE		HOME PHONE#
ADDRESS:						
	NUMBER	STREET	CITY	STATE	ZIP	BUSINESS PHONE#
EMAIL:					PHONE:	

#### **II. REFERENCES**

# LIST (3) CHARACTER REFERENCES, NOT RELATIVES, IN-LAWS OR PAST EMPLOYERS, WHO HAVE KNOWN YOU DURING THE PAST THREE (3) YEARS.

1. NAME	PHONE #	YEARS ACQUAINTED	
ADDRESS	CITY	STATEZIP	
DAYTIME PHONE#	OCCUPATION		
2. NAME	PHONE #	YEARS ACQUAINTED	
ADDRESS	CITY	STATEZIP	
DAYTIME PHONE#	OCCUPATION		
3. NAME	PHONE #	YEARS ACQUAINTED	
ADDRESS	CITY	STATE ZIP	
DAYTIME PHONE#	OCCUPATION		

### **III. EDUCATION**

A. DO YOU HAVE: (CHECK APPROPRIATE)\_\_GED CERTIFICATE\_\_HS DIPLOMA\_\_COLLEGE DEGREE\_\_POST-GRAD DEGREE\_\_\_VOCATIONAL-TECHNICAL CERTIFICATE

B. LIST ALL HIGH SCHOOL, COLLEGES AND UNIVERSITIES YOU HAVE ATTENDED.

MONTH/YEAR ATTENDED FROM TO	NAME & LOCATION STREET, CITY, STATE, ZIP	#OF CREDITS COMPLETED	TYPE OF DEGREE	MAJOR	COMPLETION MONTH/YEAR
-					
-					
-					
-					

#### **IV. ORGANIZATIONAL MEMBERSHIPS**

LIST FRATERNITIES/SORORITIES, ALUMNI, SOCIETIES/ORGANIZATIONS OF WHICH YOU ARE, OR HAVE BEEN AN AFFILIATE.

NAME OF ORGANIZATION	ADDRESS	OFFICE HELD

## V. LICENSE/CERTIFICATIONS

LICENSE/CERTIFICATION	ISSUING COMPANY	ISSUE DATE

#### VI. MILITARY STATUS

HAVE YOU EVER SERVED IN THE ARMY, NAVY, MARINE CORPS, AIR FORCE, COAST GUARD, R.O.T.C. OR ANY OTHER MILITARY ORGANIZATION? (IF THERE IS MORE THAN ONE PERIOD, LIST SEPARATELY)

MONTH/YEAR ENTERED	BRANCH/ORGANIZATION	DISCHARGE DATE	TYPE OF DISCHARGE	RANK	OCCUPATIONAL SPECIALTY

# VII. EMPLOYMENT HISTORY

#### LIST YOUR PRESENT EMPLOYER OR LAST JOB FIRST. (PAST 10 YEARS OF EMPLOYERS ONLY)

EMPLOYER #1	TELEPHONE	DATES EMPLOYED (MM/DD/YYYY) FROM TO			
ADDRESS	СПУ	STATE/ZIP			
JOB TITLE	HOURLY OR ANNUAL SALARY STARTING FINAL				
LIST PRIMARY DUTIES:	AARY DUTIES: SUPERVISOR NAME/TITLE:				
	COMPANY PHONE: ( )	COMPANY PHONE: ( )			
	COMPANY ADDRESS:	COMPANY ADDRESS:			
	CITYSTA	ATEZIP			
EMPLOYER #2	TELEPHONE	DATES EMPLOYED (MM/DD/YYYY) FROM TO			
ADDRESS	СІТҮ	STATE/ZIP			
JOB TITLE	HOURLY OR ANNUAL SALARY STARTING FINAL				
LIST PRIMARY DUTIES:	SUPERVISOR NAME/TITLE:				
	COMPANY PHONE: ( )				
	COMPANY ADDRESS:				
	CITYSTATEZIP				
EMPLOYER #3	TELEPHONE	DATES EMPLOYED (MM/DD/YYYY) FROM TO			
ADDRESS	СПТҮ	STATE/ZIP			
JOB TITLE	HOURLY OR ANNUAL SALARY STARTING FINAL				
LIST PRIMARY DUTIES: SUPERVISOR NAME/TITLE:					
	COMPANY PHONE: ( )	COMPANY PHONE: ( )			
COMPANY ADDRESS:					

	CITYSTATEZIP		
EMPLOYER #4	TELEPHONE	DATES EMPLOYED (MM/DD/YYYY) FROM TO	
ADDRESS	СІТҮ	STATE/ZIP	
JOB TITLE	HOURLY OR ANNUAL SALARY STARTING FINAL		
LIST PRIMARY DUTIES:	SUPERVISOR NAME/TITLE:   COMPANY PHONE: ( )   COMPANY ADDRESS:		
	CITYSTATEZIP		
EMPLOYER #5	TELEPHONE	DATES EMPLOYED (MM/DD/YYYY) FROM TO	
ADDRESS	СПУ	STATE/ZIP	
JOB TITLE	HOURLY OR ANNUAL SALARY STARTING FINAL		
LIST PRIMARY DUTIES:	SUPERVISOR NAME/TITLE:   COMPANY PHONE: ( )   COMPANY ADDRESS:   CITYSTATEZIP		

#### **Confidentiality Awareness Statement**

The purpose of this Confidentiality Awareness Statement is to inform our clients of the precautions DyrekFit Staffing LLC., contributes to protect the identity and privacy of our clients. All information collected in the below documents is confidential and will not be published or redistributed amongst third parties. DyrekFit Staffing LLC., encounters personal and sensitive information. Confidential information includes, but is not limited to the following: Identifying information about the client including name, address, phone number, email, references, education, organizational memberships, license/certification, military status or employment history.