

RESUME QUESTIONNAIRE



Please email or fax back:

Office: 713-665-7100

Fax: 713-481-0876

2646 South Loop West, Suite 181

Email: wvalerie@swbell.net

Please complete only if you DO NOT have a resume. If you already have a resume, please email to me for a price quote.

*****PLEASE COMPLETE ONLY THE SECTIONS THAT APPLIES*****

PERSONAL DETAILS

(Please list details as you wish them to appear on your resume)

Name:

Street Address:

City/State/Zip Code:

Telephone Numbers to Use on Resume:

Home:

Business:

Cellular:

Email Address:

If you have a particular position in mind, please provide a thorough description? If not, please describe the kind of position you are seeking and what job industry you are aiming for.

Is this a career change for you?

List your computer skills (software, hardware and operating systems)

Do you speak, read or write a foreign language?

PROFESSIONAL EXPERIENCE

(Including Voluntary, Self-Employed, etc.)

Please list the most recent job first and work backwards

Position One

Employer:

Job Title:

City/State:

Dates of Employment (month/year from-to):

Please list your job responsibilities:

Position Two

Employer:

Job Title:

City/State:

Dates of Employment (month/year from-to):

Please list your job responsibilities:

Position Three

Employer:

Job Title:

City/State:

Dates of Employment (month/year from-to):

Please list your job responsibilities:

Please list your accomplishments in the positions that you have held. Please be sure to list the problems you solved, contributions you made, and awards you received. Also, please notate if you save the company money, reduced any overhead, improved quality, and meet or exceed any goals:

1)

2)

3)

4)

EDUCATION HISTORY

University/College

Name:
City/State:
Year Graduated:
Degree:
Major/Minor:
Projects:
Honors:

University/College

Name:
City/State:
Year Graduated:
Degree:
Major/Minor:
Projects:
Honors:

HIGH SCHOOL (only complete this section if you are a student graduating high school)

Name of School:

City/State:

Dates Attended:

ADDITIONAL COURSES, TRAINING, SEMINARS

Name of Program:

Date Attended:

Certificate Received:

Skills Received:

Name of Program:

Date Attended:

Certificate Received:

Skills Received:

PROFESSIONAL ORGANIZATIONS, MEMBERSHIPS, CLUBS

1)

2)

3)

Please list any professional licenses you may hold:

1)

2)

3)

Please list your Internships, if any:

Company:

City/State:

Position Title:

Months/Years: