



# OhioMeansJobs®

Marion County

A proud partner of the  
American Job Center network

622 Leader St.

Marion, Ohio 43302-2230

740-382-0076 (Voice)

740-387-2175 (Fax)

## RESUME PREPARATION INFORMATION

If you wish to develop your own resume, the Ohio Means Jobs Resource Center has a bank of computers with resume builder software and sample to use.

Our Employment Specialist can assist you in developing your resume. Please provide the following information to help us to prepare the document. When completed please email it to [OMJMarion@jfs.ohio.gov](mailto:OMJMarion@jfs.ohio.gov) or bring it to our office (address listed above).

**Please respond to the following questions:**

A) Do you have a resume that needs updating?  Yes  No

B) Do you need a cover letter for a specific job?  Yes  No

C) Do you want a reference sheet included?  Yes  No

## Resume Heading

Name	
Address	
City, State, Zip	
Phone Number	
Email Address	

\* Please use an email that is "appropriate" or "business like." An inappropriate email address would be one that would include anything of a negative, sexual, or derogatory nature. Please make sure you have access to the email you put on your resume. Check it often.

## Employment Experience

Most Recent Employer		
Address		
City, State, Zip		
Dates of Employment	From:	To:
Job Title		
Job Description		



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<b>Supervisor Name</b>	
<b>List Skills</b> , Include Software skills, awards earned, certification, licenses/training, promotions...	

## Employment Experience (Continued)

<b>Next Most Recent Employer</b>		
<b>Address</b>		
<b>City, State, Zip</b>		
<b>Dates of Employment</b>	<b>From:</b>	<b>To:</b>
<b>Job Title</b>		
<b>Job Description</b>		
<b>Supervisor Name</b>		

**List Skills**, Include Software skills, awards earned, certification, licenses/training, promotions...

<b>Next Most Recent Employer</b>		
<b>Address</b>		
<b>City, State, Zip</b>		
<b>Dates of Employment</b>	<b>From:</b>	<b>To:</b>
<b>Job Title</b>		
<b>Job Description</b>		
<b>Supervisor Name</b>		

**List Skills**, Include Software skills, awards earned, certification, licenses/training, promotions...

<b>Next Most Recent Employer</b>		
<b>Address</b>		
<b>City, State, Zip</b>		
<b>Dates of Employment</b>	<b>From:</b>	<b>To:</b>
<b>Job Title</b>		



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<b>Job Description</b>	
<b>Supervisor Name</b>	
<b>List Skills</b> , Include Software skills, awards earned, certification, licenses/training, promotions...	

## Education

<b>Most Recent School</b>	
<b>Field of Study</b>	
<b>Degree Received</b>	
<b>Next Most Recent School</b>	
<b>Field of Study</b>	
<b>Degree Received</b>	
<b>List Skills</b> , Include Software skills, awards earned, certification, licenses/training, promotions...	
<b>List programs started but not completed:</b>	

## Military Experience

<b>Branch of Service</b>		
<b>Dates of Services</b>	<b>From:</b>	<b>To:</b>
<b>Job Description</b>		
<b>Rank at Exit</b>		
<b>List Skills</b> , Include Software skills, awards earned, certification, licenses/training, promotions...		

## Volunteer Experience

<b>Organization</b>	
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<b>Volunteer Title</b>		
<b>Dates of Volunteer Service</b>	<b>From:</b>	<b>To:</b>
<b>Type of Work Completed</b>		

**List Skills**, Include Software skills, awards earned, certification, licenses/training, promotions...

<b>Organization</b>		
<b>Volunteer Title</b>		
<b>Dates of Volunteer Service</b>	<b>From:</b>	<b>To:</b>
<b>Type of Work Completed</b>		

**List Skills**, Include Software skills, awards earned, certification, licenses/training, promotions...

<b>Organization</b>		
<b>Volunteer Title</b>		
<b>Dates of Volunteer Service</b>	<b>From:</b>	<b>To:</b>
<b>Type of Work Completed</b>		

**List Skills**, Include Software skills, awards earned, certification, licenses/training, promotions...

## Skills, Certifications, Licenses, etc.

Certifications/License	Title	From (Trainer)	Month/Year	VALID
Forklift Certified				<input type="checkbox"/> Yes <input type="checkbox"/> No
ISO 9001				<input type="checkbox"/> Yes <input type="checkbox"/> No
CDL—Class A				<input type="checkbox"/> Yes <input type="checkbox"/> No
Welding				<input type="checkbox"/> Yes <input type="checkbox"/> No



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Food Safety				<input type="checkbox"/> Yes	<input type="checkbox"/> No
STNA				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phlebotomist				<input type="checkbox"/> Yes	<input type="checkbox"/> No
EMT				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information Tech.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
HVAC				<input type="checkbox"/> Yes	<input type="checkbox"/> No
DENTAL				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical				<input type="checkbox"/> Yes	<input type="checkbox"/> No
MicroSoft				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other				<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Professional References

Name	
Employer/Title	
City State and Zip	
Phone Number	
Email	
Years Known	



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## Professional References (Continued)

<b>Name</b>	
<b>Employer/Title</b>	
<b>City State and Zip</b>	
<b>Phone Number</b>	
<b>Email</b>	
<b>Years Known</b>	

<b>Name</b>	
<b>Employer/Title</b>	
<b>City State and Zip</b>	
<b>Phone Number</b>	
<b>Email</b>	
<b>Years Known</b>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_