

Participant Name

Your City, Your State | (123) 456-7890 | email@example.com

Summary **OR** Objective

[\[CLICK HERE - Link to summary and objective statement examples\]](#)

Certificates and Licenses

Certificate Name MONTH 20XX (Date Obtained)

License Name MONTH 20XX (Expiration Date)

Professional Skills

Skill #1: [Add skill]

- [\[CLICK HERE - Link to skill examples\]](#)

Skill #2: [Add skill]

- [\[CLICK HERE - Link to skill examples\]](#)

Skill #3: [Add skill]

- [\[CLICK HERE - Link to skill examples\]](#)
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Work Experience

Center for Employment Opportunities, Location — *Job Title*

MONTH 20XX - Present

[\[CLICK HERE - Link to job descriptions on CEO crews\]](#)

Education History

GED, Location — *Year Passed*

School Name, Location — *Degree*

MONTH 20XX