

Full Name (first and last) - _____

Street Address - _____

City, Postal Code - _____

Email address - _____

Phone number - _____

Personal Goals

In the box below, list a personal goal you have for yourself.

Education

Ontario Secondary School you attended _____

Graduation date _____

Diploma/Certificate Achieved _____

Skills

In the box below, list 4 employment skills you have

-
-
-
-

Experience (work, volunteer or placement) List all completed

Company Name - _____

Address - _____

Start date/ End date - _____

In the box below, list 3 skills you gained or tasks you performed

<ul style="list-style-type: none">•••

Company Name - _____

Address - _____

Start date/ End date - _____

In the box below, list 3 skills you gained or tasks you performed

<ul style="list-style-type: none">•••

CERTIFICATES AND AWARDS

List any that apply

<ul style="list-style-type: none">•••
