

Information Gathering Worksheet

Name: _____

Address: _____

Phone: _____ **Cell:** _____ **Fax:** _____

Email: _____

Objective: _____

Education: _____

Continuing Education:

Licenses and Certifications: _____

Professional Memberships: _____

Additional Skills: _____

Awards: _____

Summary of Qualifications

Work Experience

Co. Name, City, State: _____ Dates: _____

Title: _____

Duties, Responsibilities, Accomplishments: _____

Co. Name, City, State: _____ Dates: _____

Title: _____

Duties, Responsibilities, Accomplishments: _____

Co. Name, City, State: _____ Dates: _____

Title: _____

Duties, Responsibilities, Accomplishments: _____

Co. Name, City, State: _____ **Dates:** _____

Title: _____

Duties, Responsibilities, Accomplishments: _____

Co. Name, City, State: _____ **Dates:** _____

Title: _____

Duties, Responsibilities, Accomplishments: _____

Co. Name, City, State: _____ **Dates:** _____

Title: _____

Duties, Responsibilities, Accomplishments: _____

Co. Name, City, State: _____ **Dates:** _____

Title: _____

Duties, Responsibilities, Accomplishments: _____
