## The Church by the Side of the Road

2108 Russell Street Berkeley, California 94705 (510) 644-1263

Personal Information						
LAST NAME	FIRST NAME			MIDDLE INITIAL	SOCIAL SECURITY NO.	
ADDRESS		CITY		STATE	ZIP	
PHONE NO.	SECONDARY PHONE NO.		EMAIL ADDRESS			

Professional Skills				
PROFESSIONAL SUMMARY				
SPECIAL SKILLS				

Educational History						
	NAME AND LOCATION	AREA OF STUDY	DEGREE/DIPLOMA/ CERTIFICATE	YEARS ATTENDED		
SCHOOL/			OLIVIII IOAIL	ATTENDED		
COLLEGE/						
UNVERSITY						
SCHOOL/						
COLLEGE/						
UNVERSITY						
SCHOOL/						
COLLEGE/						
UNVERSITY						

Volunteer and Community Activities							
ORGANIZATION TYPE/PURPOSE	ACTIVITES/DUTIES PERFORMED	TITLES HELD	YEARS VOLUNTEERED				
	ORGANIZATION	ORGANIZATION ACTIVITES/DUTIES	ORGANIZATION ACTIVITES/DUTIES TITLES HELD				

Emplo	yment Histo	ory			
EMPLOYER	WORK PHONE	E	DATES FROMTO		PAY RATE
ADDRESS	СІТҮ		STATE		ZIP
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DUTIES PERFORMED					
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EMAIL ADDRESS		POSITION			
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DUTIES PERFORMED		I						
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SUPERVISORS NAME AND TITLE	REASON FOR	LEAVING			Y WE CONTACT THE			
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IF YOU HAVE ANY ADDITIONAL JOBS, PLEASE F	PROVIDE AN	I ATTACH	MENT.					
PLEASE DO NOT OMIT ANY JOBS HELD.								

Professional References						
FIRST AND LAST NAME	TITLE		COMPANY/ ORGANIZAT	ION		
RELATIONSHIP/ CONNECTION TO YOU	I	PHONE		EMAIL		
FIRST AND LAST NAME	TITLE		COMPANY/ ORGANIZAT	ION		
RELATIONSHIP/ CONNECTION TO YOU		PHONE		EMAIL		
FIRST AND LAST NAME	TITLE		COMPANY/ ORGANIZAT	ION		
RELATIONSHIP/ CONNECTION TO YOU	1	PHONE	-	EMAIL		