FIRST NAME M.I. LAST NAME

Address, City, State Zip

Phone Number(s)

Email:

**OBJECTIVE**

Type career objective here.

**EDUCATION**

* Name of High School – City, State
	+ Graduation Date: Type Month, Type Year Here
	+ GPA: x.xx (Type if 3.0 or higher – otherwise delete)
* Bay-Arenac ISD Career Center – Bay City, MI
	+ Program Area: Type Program Here, Type Year of Completion

**HEALTHCARE ROTATIONS/MENTORSHIPS**

* Ex. McLaren Bay Region – Oncology Department, Mr. John Doe
* McLaren Bay Region – Pharmacy, Mrs. Jane Doe
* Auburn Physical Therapy – PT, Mr. Scott Doe

**WORK EXPERIENCE**

Name of Company, City, State, Phone #

* Type Dates of Employment.
* Type duties performed here.

Name of Company, City, State, Phone #

* Type Dates of Employment.
* Type duties performed here.

**SPECIAL SKILLS**

Microsoft Word Changing Brakes Lesson Plan Creation

 Auto CAD Knife Skills Soffit & Facia

 CPR/AED Certified Tig Welding Metal Fabrication

**MEMBERSHIPS-AWARDS-COMMUNITY SERVICE**

* List Any Honors Here
* Type Name of Award Here
* Type Memberships Here
* Type Name of Organization &/or Activity Performed
* Type Name of Organization &/or Activity Performed

**REFERENCES**

First Name Last Name, Title or Company, Phone Number

First Name Last Name, Title or Company, Phone Number

First Name Last Name, Title or Company, Phone Number