

WORK EXPERIENCE

Checksheet

Check all of your paid or non-paid work experience in the following categories:

Work you have done at home for your family:

- | | |
|---|--|
| <input type="checkbox"/> sweeping | <input type="checkbox"/> mowing the lawn |
| <input type="checkbox"/> vacuuming | <input type="checkbox"/> trimming |
| <input type="checkbox"/> dusting | <input type="checkbox"/> weeding |
| <input type="checkbox"/> dishes | <input type="checkbox"/> edging |
| <input type="checkbox"/> cooking | <input type="checkbox"/> planting |
| <input type="checkbox"/> window washing | <input type="checkbox"/> car washing |
| <input type="checkbox"/> baby-sitting | <input type="checkbox"/> run errands |
| <input type="checkbox"/> other: _____ | |

Work you have done for friends or neighbors:

- | | |
|--|--|
| <input type="checkbox"/> housecleaning | <input type="checkbox"/> mowing lawns |
| <input type="checkbox"/> baby-sitting | <input type="checkbox"/> house-sitting |
| <input type="checkbox"/> programming computer/cell phone | <input type="checkbox"/> car washing |
| <input type="checkbox"/> other: _____ | |

Work you have done in the community:

- | |
|---|
| <input type="checkbox"/> volunteer work: _____ |
| <input type="checkbox"/> church activities: _____ |
| <input type="checkbox"/> team activities: _____ |
| <input type="checkbox"/> paid employment: _____ |

List all other work experiences you have had:

Work Experience Resume



Name: _____ Phone: _____

Address: _____

Name of Reference: _____

Relationship: _____ Phone: _____

Address: _____

Work Experience (list last job first)

Job Title: _____

From: _____ Date To : _____ Date

Supervisor : _____ Phone: _____

Business Name: _____

Address: _____

Job Duties: _____

Job Title: _____

From: _____ Date To : _____ Date

Supervisor : _____ Phone: _____

Business Name: _____

Address: _____

Job Duties: _____

Work Experience Resume

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Job Title: _____

From: _____ Date _____ To : _____ Date _____

Supervisor : _____ Phone: _____

Business Name: _____

Address: _____

Job Duties: _____

Job Title: _____

From: _____ Date _____ To : _____ Date _____

Supervisor : _____ Phone: _____

Business Name: _____

Address: _____

Job Duties: _____

Student Summary

1. In which of these jobs did you do your best work?

2. Which of these jobs did you most enjoy?

3. What skills have you learned from these work experiences?
