**First and Last Name**

Address | City, State Zip Code | Email address | Phone Number

**EDUCATION**

**University Name** City, State

Technical Name of Degree Anticipated Graduation: Month Year

Emphasis/Minors Cumulative GPA: x.x/4.0

Dean’s List: X of X semesters

**WORK EXPERIENCE**

**Company Name** City, State

*Job Title Start Date – End Date*

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**Company Name** City, State

*Job Title Start Date – End Date*

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**MINISTRY EXPERIENCE**

**Organization Name** City, State

*Position Title Start Date – End Date*

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**Organization Name** City, State

*Position Title Start Date – End Date*

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**CERTIFICATIONS**

**Name of Certification** City, State

*Certifying Organization* *Certification Date: Month Year*

**Name of Certification**  City, State

*Certifying Organization Certified Until: Month Year*