

JOHN M. SMITH

Street Address

City, State Zip

Phone Number

Fax Number

john.smith@email.com

OBJECTIVE Description of desired job, or skills to be applied.

SUMMARY

- Experience/Skill/Accomplishment 1
- Experience/Skill/Accomplishment 2
- Experience/Skill/Accomplishment 3
- Experience/Skill/Accomplishment 4

EXPERIENCE **Job Title, Company 1** City, State
8/98 – Present

- Detail 1
- Detail 2
- Detail 3

8/96 – 6/98 **Job Title, Company 2** City, State

- Detail 1
- Detail 2
- Detail 3

3/94 – 7/96 **Job Title, Company 3** City, State

- Detail 1
- Detail 2

9/93 – 2/94 **Job Title, Company 4** City, State

- Detail 1
- Detail 2

EDUCATION **University** City, State
Degree, Major, Month Year received
Thesis: "Title"

University City, State
Degree, Major, Month Year
Thesis: "Title"

University City, State
Degree, Major, Month Year

PUBLICATIONS *Title*, Publisher. Location, Vol. X, pp. XX - XX (Month Year).