FIRST LAST

Address | Phone | Email

**OBJECTIVE**

This is an optional section for you to state your goals and reasons for applying to jobs, internships, scholarships. Do not include more than 2-3 sentences. If you choose to use this section, ensure that you update it every time you send your resume out.

**EDUCATION**

**Undergraduate University**, City, State Month 20XX
Degree Earned, Major

**WORK EXPERIENCE**

|  |  |
| --- | --- |
| **Position Held**  | Month 20XX – Month 20XX |
| *Name of Organization* |  |
| City, State | Supervisor: First Name Last Name, Degree |  |
| * Bullet points describing skills learned, tasks completed, knowledge learned
* Start each bullet point with a strong action verb
 |
|  |
| **Position Held**  | Month 20XX – Month 20XX |
| *Name of Organization* |  |
| City, State | Supervisor: First Name Last Name, Degree |  |
| * Bullet points describing skills learned, tasks completed, knowledge learned
* Start each bullet point with a strong action verb
 |

**LEADERSHIP EXPERIENCE**

|  |  |
| --- | --- |
| **Position Held**  | Month 20XX – Month 20XX |
| *Name of Organization* |  |
| City, State  |  |
| * Bullet points describing skills learned, tasks completed, knowledge learned
* Start each bullet point with a strong action verb
 |
|  |
| **Position Held** | Month 20XX – Month 20XX |
| *Name of Organization* |  |
| City, State |  |
| * Bullet points describing skills learned, tasks completed, knowledge learned
* Start each bullet point with a strong action verb
 |

**VOLUNTEER EXPERIENCE**

|  |  |
| --- | --- |
| **Position Held**  | Month 20XX – Month 20XX |
| *Name of Organization* |  |
| City, State  |  |
| * Bullet points describing skills learned, tasks completed, knowledge learned
* Start each bullet point with a strong action verb
 |
|  |
| **Position Held** | Month 20XX – Month 20XX |
| *Name of Organization* |  |
| City, State |  |
| * Bullet points describing skills learned, tasks completed, knowledge learned
* Start each bullet point with a strong action verb
 |

**RESEARCH EXPERIENCE**

|  |  |
| --- | --- |
| **Position Held** | Month 20XX – Month 20XX |
| *Name of Organization* |  |
| City, State | Principal Investigator: First Name Last Name, Degree |  |
| * Bullet points describing skills learned, tasks completed, knowledge learned
* Start each bullet point with a strong action verb
 |

**LICENSURE AND CERTIFICATION**

|  |  |
| --- | --- |
| **Pharmacy Technician License*** License Number
 | Expires Month 20XX |

**AWARDS AND HONORS**

|  |  |
| --- | --- |
| **Name of Award**  | Month 20XX |
| **Name of Award**  | Month 20XX |
| **Name of Award**  | Month 20XX |

**REFERENCES**

Available Upon Request