****Sgt. George Godoy’s**

**Master Resume Template**

***Instructions from Sgt. Godoy ~***

1. ***This is your personal, MASTER RESUME.***
2. ***You will create this document FIRST and maintain ONLY ONE version for yourself.***
3. ***When you first open it, you need to click the “Enable Editing” notification in Word.***
4. ***You will COPY/PASTE information from here into the application formats required by each specific agency that you are applying to.***
5. ***In the course of filling out your applications, if you find a requirement for additional information not already covered by this template, manually add a section to this Master Resume for the additional information. Make sure you keep a record of all information you ever submit here.***

**Typical Agency Instructions: What Documents Should I Gather for My Application Packet?**

You will need all of these documents in your application packet when you return it:

1. Completed Application
2. Affirmative Action Information form *(optional)*
3. Copy of valid Driver’s License
4. Birth Certificate (Certified Copy or Original)
5. High School Diploma (Certified/Notarized Copy, Original, or Transcript)
6. G.E.D. Certificate and test scores\High School Equivalency (Notarized Copy, Original, or Transcript)
7. Military DD214 Member Copy #2 and/or #4 (if you are a military veteran) **OR** Service Copy

***\*\*\* To access your DD214 please visit*** [***http://www.archives.gov/veterans/***](http://www.archives.gov/veterans/) ***\*\*\****

1. Other required documents might include:
	1. For Federal Employees: SF-50 describing previous federal position
	2. For law enforcement officers:
		1. A signed letter from your Chief/Sheriff or your authorized representative, stipulating exactly how long you have been a sworn officer with their department.
		2. A certified breakdown from your state Post agency indicating what subjects were taken during your academy training, how many hours for each subject and total number hours.
		3. Certified driving history from your state DMV

**What Else Should I Include?**

When completing your application, please remember to:

* Include all of your residences you have lived at for the past **10 years since you were 18.**
* Include every employer for whom you have worked for the last **10 years, even if the business is now closed. Include temporary, seasonal, part-time, volunteer jobs and any periods of unemployment**.
* Review all the information you have provided for accuracy.

It is imperative that you provide **all** of the information requested in accurate and legible form.

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| **1. PERSONAL DATA** |
| Last Name | First Name | Middle Name |
|  |  |  |
| Current Address | Street Name & Number (No PO Boxes) | City | State | Zip Code |
|  |  |  |  |  |
| Email | List any other names you have ever used (including maiden name) |
|  |  |
| Home Phone | Alternate Phone Number | Notification Type Preference:  |
|  |  |  |  | [ ]  Email  | [ ]  Paper |
| Age | Date of Birth | Place of Birth (City & State) | Sex | Race | Height | Weight | Hair Color | Eye Color |
|  |  |  |  |  |  |  |  |  |
| Tattoos (Description & Location) | Are you a US Citizen? |
|  | [ ]  Yes [ ]  No |
| Check One: | [ ]  Married | [ ]  Separated  | [ ]  Single  | Spouse’s Full Name | Spouse ‘s Date of Birth |
|  | [ ]  Divorced | [ ]  Widowed |  |  |
| 1A | **Starting with your present address, list all physical addresses you have had for the past (10) years, including your addresses in the military service. Include each duty station separately. PO Boxes are not acceptable.** |
|  Dates MO/YR | Street Address | City | County | State | Zip Code |
| From | To |
|  | Present |  |  |  |  |  |
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| **VOLUNTARY: Persons with disabilities who DO NOT WISH to report their disabilities should respond to the next question as "no". Information reported regarding this question will be kept confidential as required by State law.** |
| 1B | Do you have a disability? | [ ]  Yes [ ]  No | DISABILITY: Disability means, with respect to an individual: (1) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; (2) a record of such impairment; or (3) being regarded as having such an impairment, (Americans with Disabilities Act of 1990). |
| If you answered yes to the above stated question, please list your disability:  |  |
| C | Can you, after employment submit proof of your legal right to work in the United States? | [ ]  Yes | [ ]  No |
| D | Are you legally eligible to work in the United States?  | [ ]  Yes [ ]  No |
| E | Are you a previous employee of this agency, city, county, etc.?  | [ ]  Yes [ ]  No  | If yes, please list dates of employment: (MO / YY) |  |
| F | Are you currently working at this agency, city, county, etc. as a regular or temporary employee? | [ ]  Yes [ ]  No  |
| G | Are you related by blood or marriage to a person now employed by this agency, city, county, etc.)?  | [ ]  Yes [ ]  No  | If yes, please indicate: |
| Name:  |  | Relationship:  |  | Department: |       |
| H | Are you seeking reinstatement to the same or similar position?  | [ ]  Yes  **[ ]** No  |
| **2. REFERENCES** |
| **List three (3) references (NO relatives, household members, or former employers) who are responsible adults, and who have known you well for at least the last three (3) years.** |
| Name | Street Address  | City | State | Zip Code |
|  |  |
| How long known? | Occupation | Home Phone | Business Phone |
|  |  | ( ) | ( ) |
| Name | Street Address  | City | State | Zip Code |
|  |  |
| How long known? | Occupation | Home Phone | Business Phone |
|  |  | ( ) | ( ) |
| Name | Street Address  | City | State | Zip Code |
|  |  |
| How long known? | Occupation | Home Phone | Business Phone |
|  |  | ( ) | ( ) |

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| **3. EDUCATION** |
| 3A | Indicate by checking all boxes that apply if you have any of the following: | [ ]  HS Diploma [ ]  GED Certificate [ ]  College Degree [ ]  Master’s |
| **High School Name** | Address | City | State |
|  |  |
| Dates Attended (MM/YY) | Graduated? | Type of Degree or Credit Hours |
| From:  |  | To: |  | [ ]  Yes [ ]  No |  |
| **High School Name** | Address | City | State |
|  |  |
| Dates Attended (MM/YY) | Graduated? | Type of Degree or Credit Hours |
| From:  |  | To: |  | [ ]  Yes [ ]  No |  |
| **Name(s) and location(s) of Colleges, Universities or vocational schools attended or internships:** |
| **College Name** | Address | City | State |
|  |  |
| Dates Attended (MM/YY) | Graduated? | Type of Degree or Credit Hours |
| From:  |  | To: |  | [ ]  Yes [ ]  No |  |
| **College Name** | Address | City | State |
|  |  |
| Dates Attended (MM/YY) | Graduated? | Type of Degree or Credit Hours |
| From:  |  | To: |  | [ ]  Yes [ ]  No |  |
| **College Name** | Address | City | State |
|  |  |
| Dates Attended (MM/YY) | Graduated? | Type of Degree or Credit Hours |
|  |  |  |
| From:  |  | To: |  | [ ]  Yes [ ]  No |  |
| 3B | Have you ever been suspended, disciplined or expelled from any high school or institution of higher learning?**If YES, explain on additional page.**   |

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| **4. EMPLOYMENT HISTORY** |
| 4A | Have you ever been dismissed or asked to resign from ANY employment? | [ ]  Yes [ ]  No | **If YES, explain on additional page.** |
| 4B | If you do not want your present employer to be contacted, check the box to the right and on explain why on **additional page**. | [ ]   |
| Beginning with your present employer or most recent employer, list **ALL** of the places you have worked during the last ten (10) year period. Keep in chorological order. **List periods of school, military service, each duty station, assigned military unit, unemployment, temporary assignments, volunteer service and part-time employment. List everything during the last ten (10) year period. Omit None!** Copy the employment page and continue your information on the copy(s). |
| From | Name | Job Title |
| MO/YR | Street Address | Supervisor |
| To  | City | Phone | Starting Salary |
| MO/YR  | State | Zip Code | Ending Salary |
| Describe your duties |  |
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| [ ]  Part Time [ ]  Full Time [ ]  Seasonal [ ]  Volunteer | If part-time, list number of hours worked per week |
| Detail Reason for Leaving |  |
|  |  |
| From | Name | Job Title |
| MO/YR | Street Address | Supervisor |
| To  | City | Phone | Starting Salary |
| MO/YR  | State | Zip Code | Ending Salary |
| Describe your duties |  |
|  |
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|  |
| [ ]  Part Time [ ]  Full Time [ ]  Seasonal [ ]  Volunteer | If part-time, list number of hours worked per week |
| Detail Reason for Leaving |  |
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| --- | --- | --- |
| From | Name | Job Title |
| MO/YR | Street Address | Supervisor |
| To  | City | Phone | Starting Salary |
| MO/YR  | State | Zip Code | Ending Salary |
| Describe your duties |  |
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| [ ]  Part Time [ ]  Full Time [ ]  Seasonal [ ]  Volunteer | If part-time, list number of hours worked per week |
| Detail Reason for Leaving |  |
|  |  |
| From | Name | Job Title |
| MO/YR | Street Address | Supervisor |
| To  | City | Phone | Starting Salary |
| MO/YR  | State | Zip Code | Ending Salary |
| Describe your duties |  |
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| [ ]  Part Time [ ]  Full Time [ ]  Seasonal [ ]  Volunteer | If part-time, list number of hours worked per week |
| Detail Reason for Leaving |  |
|  |  |
| From | Name | Job Title |
| MO/YR | Street Address | Supervisor |
| To  | City | Phone | Starting Salary |
| MO/YR  | State | Zip Code | Ending Salary |
| Describe your duties |  |
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| [ ]  Part Time [ ]  Full Time [ ]  Seasonal [ ]  Volunteer | If part-time, list number of hours worked per week |
| Detail Reason for Leaving |  |
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| **5. ARREST HISTORY** |
| The following questions pertain to your experiences in this country and all other countries **as both a juvenile and an adult**. Include any military law enforcement contact. If a charge or conviction was judicially expunged do not list it. **Explain all “YES” answers in detail on additional page.** |
| **A** | **Have you ever had any contact with ANY law enforcement official, to include as a victim, witness or reporting party?** | **YES** | **NO** |
| **B** | **Has a law enforcement official for any reason ever issued you a verbal or written warning?** |  |  |
| **C** | **Have you ever been detained by a law enforcement official?** |  |  |
| **D** | **Have you ever been accused of a crime?** |  |  |
| **E** | **Have you ever been charged with a crime?** |  |  |
| **F** | **Have you ever been arrested?** |  |  |
| **G** | **Have you ever been convicted of a crime?** |  |  |
| **H** | **Have you ever been booked into jail?** |  |  |
| **I** | **Have you ever received a criminal citation?** |  |  |
| **J** | **Have any relatives of you or your spouse ever been convicted or held in any detention facility, jail or prison?** |  |  |
| **K** | **Have the police ever been called to your home for any reason?** |  |  |
| **L** | If you have answered “yes” to any of the above questions, list the incident below and make certain you have explained it on the back page. **ALL INCIDENTS MUST BE EXPLAINED IN DETAIL BELOW. If more space is needed, use additional page.** |

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| **Section A-K above** | **Mo/Yr** | **Reason/Charge** | **Law Enforcement Agency – City/State** | **Disposition/ Sentence****Month/Year** |
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| **6. DRIVERS HISTORY** |
| 6A | List all valid driver’s license you now hold |
| Issue Date | Type of License | Expiration Date | State | License Number |
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| 6B | If you have previously held a driver’s license from **ANY** state, please indicate below: |
| Issue Date | Type of License | Expiration Date | State | License Number |
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| 6C | Is your driver’s license currently restricted, suspended, or revoked? | [ ]  Yes [ ]  No | Reason: |  |
| 6D | Have you ever had a driver’s license, canceled, refused, revoked, or suspended?**If YES, explain in detail on additional page the reasons and dates.** | [ ]  Yes [ ]  No | Date of Reinstatement |
|  |
| 6E | Have you ever been charged with driving under the influence of alcohol or drugs?**If YES, explain on additional page.** | [ ]  Yes [ ]  No | Convicted? | [ ]  Yes [ ]  No |

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| 6F | List each and every **TRAFFIC** citation, summons and written warning you have ever received. List in chronological order beginning with the most recent. If you need more space use page #17. |
| MO / YR | Charge | Agency/ City or State | Disposition / Conviction |  MO / YR |
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| **7. LIQUOR AND NARCOTICS** |
| 7A | Have you **ever** used any prescription drugs not prescribed to you by a doctor? | [ ]  Yes [ ]  No | **If YES, explain on additional page** |
| 7B | If you have tried, used or ingested **ANY** of the drugs listed below, check the “Yes” box; if you have not, check the “No” box.**Include the number of times used and dates.** |
|  | **Yes** | **No** | **Total # Times Used** | **Last Use (MO/YR)** | **Date/s (MO/YR)** |  | **Yes** | **No** | **Total # Times Used** | **Last Use (MO/YR** | **Date/s (MO/YR)** |
| Marijuana | [ ]  | [ ]  |  |  |  | Cocaine (powder/crack) | [ ]  | [ ]  |  |  |  |
| Inhalants | [ ]  | [ ]  |  |  |  | Heroin | [ ]  | [ ]  |  |  |  |
| Ecstasy  | [ ]  | [ ]  |  |  |  | Opium | [ ]  | [ ]  |  |  |  |
| Barbiturates | [ ]  | [ ]  |  |  |  | Injectable /Oral Steroids | [ ]  | [ ]  |  |  |  |
| Hashish | [ ]  | [ ]  |  |  |  | Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | [ ]  | [ ]  |  |  |  |
| Amphetamines(speed, meth, etc) | [ ]  | [ ]  |  |  |  | Hallucinogenic Substances (LSD, PCP, Mescaline, Mushrooms, etc) | [ ]  | [ ]  |  |  |  |
| If you have tried or used any of the drugs listed above or if you have tried or used any other drug without a doctor’s prescription, **explain on additional page** **You MUST include dates and number of times used.** |

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| **8. GANG AFFLIATIONS** |
| 8A | Are you currently, or have you formerly, been associated with a group that engages in criminal activity, to include motorcycle organizations, street gangs, or other organizations involved in criminal activity? | [ ]  Yes [ ]  No | **If YES, explain on additional page** |
| 8B | Are you now in a group, which seeks to alter the form of government of the United States by any unlawful or unconstitutional means? | [ ]  Yes [ ]  No | **If YES, explain on additional page** |

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| **9. MILITARY SERVICE** |
| Have you served honorably in the Armed Forces of the United States on active duty for reasons other than training? Include Army, Navy, Marine Corps, Air Force, Coast Guard, ROTC, or any other military or other semi-military organization. | [ ]  Yes [ ]  No |
| List dates of military service: (list each service period separately) |
| Month/Year Entered | Branch / Organization | Discharge Date | Type of Discharge | Rank |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Are you a member of the Military Reserves?  | [ ]  Yes [ ]  No  |
| Have you received any form of disciplinary action from the military? | [ ]  Yes [ ]  No | **If YES, explain on separate sheet with the disciplinary action, what it is for, when, why and where**. |
| Current Military Status |  |

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| **ADDITIONAL BACK PAGE** |
| **This page is to add or clarify any part of this questionnaire. Please indicate the section (such as Employment History) and the specific questions answered by letter. For example, a narcotics explanation would be listed as Section Name - Narcotics, # B** |
| **Section Name & Question Letter** |  |
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| **Use additional pages if needed** |