**Street Number and Name**

**City, State, and Zip Code**

**Phone Number**

**Your Name**

|  |  |
| --- | --- |
| **Objective** | How can the UP Program help you accomplish your employment and independent living goals? |
| **Educational Background** | **Name of High School(s)**  Street Number and Name  City, State and Zip Code  Dates attended: From Date – Present  **Name of Middle School(s)**  Street Number and Name  City, State and Zip Code  Dates attended: From Date – Present  **Name of Elementary School(s)**  Street Number and Name  City, State and Zip Code  Dates attended: From Date – Present |
| **Work Experiences** | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | Employer | Job Title | Start date | End date | Pay | Hrs. per Week | Job duties | |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |
| **Volunteer/ Internship Experiences** | |  |  |  |  | | --- | --- | --- | --- | | Organization | How often? | Hrs. per Week | Tasks/ duties | |  |  |  |  |  | |  |  |  |  | |
| **Accomplishments** | List one or more things that you have done or a special skill you may have. |
| **Activities** | List high school extracurricular activities in which you have participated such as scouting, sports teams, church groups, etc. |
| **Interests** | List hobbies, special interests, travel, etc. that you enjoy most |
| **References** | Three names, addresses, phone numbers, and email addresses of teachers, administrators, community members that know you well (family members are not eligible to list as references) |