



RESUME DEVELOPMENT QUESTIONNAIRE

This form is to assist with the development of your resume to better market your skills and talents for opportunities. Please fill out the sections below and include dates and expirations of any training or certificates (if applicable). Feel free to utilize additional pages if needed.

Send completed forms to Shareholder Development at 3800 Centerpoint Dr. Suite 1200 Anchorage, AK 99503 or by email to shareholderdevelopment@chugach.com and we will review it for completeness and assist with formatting.

CONTACT INFORMATION

FULL NAME:	
MAILING ADDRESS:	
CITY/STATE/ZIP CODE:	
EMAIL:	
PHONE NUMBER:	

JOB SEEKING INFORMATION

PREFERRED FIELD OF EMPLOYMENT:	
SECOND CHOICE FIELD OF EMPLOYMENT:	
PART-TIME / FULL-TIME:	
DESIRED RATE OF PAY:	
WILLING TO RELOCATE:	

PRE-EMPLOYMENT SCREENING

ALASKA DRIVER'S LICENSE:	
ACCEPTABLE DRIVING RECORD:	
ABILITY TO PASS BACKGROUND CHECK:	
ABILITY TO PASS DRUG TEST:	
ABILITY TO PASS FIT-FOR-DUTY:	



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WORK HISTORY

(Start with most recent employment. Provide no more than 10 years unless relevant.)

JOB TITLE:	
EMPLOYER:	
CITY/STATE:	
DATES OF EMPLOYMENT: (MO/YR)	
JOB DUTIES:	

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EMPLOYER:	
CITY/STATE:	
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DATES OF EMPLOYMENT: (MO/YR)	
JOB DUTIES:	



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JOB DUTIES: (continued)	

JOB TITLE:	
EMPLOYER:	
CITY/STATE:	
DATES OF EMPLOYMENT: (MO/YR)	
JOB DUTIES:	

EDUCATION

HIGH SCHOOL:	
CITY/STATE:	
DATES ATTEMDED: (MO/YR)	
GED / DIPLOMA:	
IN PROGRESS / COMPLETED:	
RELEVANT CLASSES:	

UNDERGRADUATE/COLLEGE:	
CITY/STATE:	
DATES ATTENDED: (MO/YR)	
DEGREE PROGRAM:	
IN PROGRESS / COMPLETED:	
RELEVANT CLASSES:	



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GRADUATE/COLLEGE:	
CITY/STATE:	
DATES ATTENDED: (MO/YR)	
DEGREE PROGRAM:	
IN PROGRESS / COMPLETED:	
RELEVANT CLASSES:	

VOCATIONAL / TECHNICAL:	
CITY/STATE:	
DATES ATTENDED: (MO/YR)	
CERTIFICATE:	
RELEVANT CLASSES:	

WORKSHOPS / SEMINARS:	
CITY/STATE:	
DATES ATTENDED: (MO/YR)	
CERTIFICATE:	
RELEVANT CLASSES:	

OTHER EXPERIENCE

(Computer programs, volunteer work, leadership, board/club memberships, extracurricular activities etc. ***Provide dates and/or expirations if applicable.**)



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SKILLS/STRENGTHS/CHARACTERISTICS

REFERENCES

(Professional references preferred over personal. Provide three if possible.)

REFERENCE NAME:	
EMPLOYER:	
RELATION:	
PHONE NUMBER:	
EMAIL:	

REFERENCE NAME:	
EMPLOYER:	
RELATION:	
PHONE NUMBER:	
EMAIL:	

REFERENCE NAME:	
EMPLOYER:	
RELATION:	
PHONE NUMBER:	
EMAIL:	

Return completed forms to:
Chugach Alaska Corporation: Shareholder Development
3800 Centerpoint Dr. Suite 1200 Anchorage, AK 99503
Email: shareholderdevelopment@chugach.com
Phone: 907-563-8866