

First Last Name

Address:

City, State ZIP

Phone:

Email:

Objective

Education

Degree Title, Institution Name

City, State | Graduation Year

Certifications

Certification Name – State, License Number

Issue/Expiry Date

Teaching Experience

Position Title | School Name

City, State | Dates of Employment

Other Professional Experience

Job Title | Company Name

City, State | Dates of Employment

Skills

Classroom Management

Curriculum Development

Lesson Planning

Technology Integration

Professional Affiliations

Organization Name – Member, Dates

References

Available upon request.