



# RESUME OF EXPERIENCE

2857 Riviera Drive  
Akron, OH 44333  
Phone: 330-864-8800  
Fax: 330-864-8661  
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## Personal Information

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Professional Experience

Company	Location (City, State)	From	To	Position	Responsibilities (Include the largest project you were involved in)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

## Professional References

Name	Address	Phone Number	Length of Acquaintance
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## Education

Did you graduate from high school? Yes \_\_\_\_\_ No \_\_\_\_\_

College Name: \_\_\_\_\_ Dates, From: \_\_\_\_\_ To: \_\_\_\_\_

Degree: \_\_\_\_\_

Special education or training related to current business activity: \_\_\_\_\_

\_\_\_\_\_