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| --- | --- |
| YourNameSurgical Technologist | Your Name[Street address][City][Zip code][Contact number][Email address] |
| **Summary**Skills | [Briefly talk about your background, experience, and what you hope to achieve in the role you’re applying for.]horizontal line* [Skill 1]
* [Skill 2]
 |
| **Experience** | horizontal lineBusiness or Medical Facility Name / Job TitleMonth 20XX - Present, LocationBusiness or Medical Facility Name / Job TitleMonth 20XX - Month 20XX, Location |
| Education | horizontal lineSchool or Institution Name / Qualification,Month 20XX - Month 20XX, Location |
| Certification | *horizontal line*[List any professional certifications.] |
| Achievements | horizontal line[Briefly describe notable career achievements.] |

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| Awards | horizontal line[List any awards of merit or excellence by date.] |