



Southeastern Theological Seminary

8702 Eden Valley Lane - Dallas, TX 75217
Tel: (469) 440-9296 - Email: info@stsdallas.org

MINISTERIAL / SECULAR RESUME

NAME: LAST: _____ FIRST: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

List your ministry and secular work beginning from today's date, going backward in time to the start of your work/ministry history. Be sure to include all history on your resume. Use additional pages if needed.

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

From date: _____ To date: _____ Activity: _____

City: _____ Nation: _____

Form is to be attached to the Ministerial Life Experience Evaluation form and given to the Southeastern Theological Seminary Administrator for the student file.