**RESUME WORLD INC., C.A.**

1200 Markham Road, Suite 108 email: **info@ResumeWorld.ca**

*Toronto, Ontario M1H 3C3*  ***Tel: 416.438.3606***

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CAREER SUMMARY**

An experience Chartered Accountant (CA) with a strong corporate focus and financial discipline with expertise in:

**• • • •**

## 

**• • • •**

## AREAS OF EXPERTISE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FINANCIAL MANAGEMENT

**CORPORATE FINANCIAL REPORTING**

**BUDGETTING/FINANCING**

**TAX PLANNING & COMPLIANCE**

**SYSTEMS AND COMPLIANCE**

Page 2of 2, Tel: 416.438.3606 email: [info@ResumeWorld.ca](mailto:info@ResumeWorld.ca) Name (ResumeWorld.ca), C.A.

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# CAREER HISTORY

COMPANY NAME, City, Province or State **Date Started - Date Ended**

# Job Title (Month/Year)

COMPANY NAME, City, Province or State **Date Started – Date Ended**

**Job Title** (Month/Year)

COMPANY NAME, City, Province or State **Date Started – Date Ended**

**Job Title** (Month/Year)

COMPANY NAME, City, Province or State **Date Started – Date Ended**

**Job Title** (Month/Year)

COMPANY NAME, City, Province or State **Date Started – Date Ended**

**Job Title** (Month/Year)

# LICENCE/PROFESSIONAL CERTIFICATION

NAME OF REGULATING BODY, City, Province or State **Date License Was Issued**

**Name of License, Certification or Designation**

# EDUCATION

INSTITUTION NAME, City, Province or State **Date Started – Date Ended**

**Degree, Diploma, Certificate – Specialization, Majors** (Month/Year)

INSTITUTION NAME, Location **Date Started – Date Ended**

**Degree, Diploma, Certificate – Specialization, Majors** **(Month/Year)**

# PROFESSIONAL DEVELOPMENT

# PROFESSIONAL ASSOCIATIONS

ASSOCIATION NAME City, Province or State **Date Started – Date Ended**

# Membership Title (Month/Year)

### COMPUTER/TECHNOLOGY SKILLS

### RELEVANT COMMUNITY SERVICE

### RELEVANT INTERESTS / HOBBIES

## \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_