## RESUMEGRAM ® Resume Collection Form

## Submit a Resume

-Full Name: *	
	First Name
	I TO TAILLO
	Last Name
	Last Idalie
-Address:*	
	Street Address
	SHOUT NUMBER
	Street Address Line 2
	Oncerviduoss Enre 2
	City
	Oity
	State/Province
	State/Flovince
	Please Select Country
	Please Select Country
-Phone: *-	
	+91 Phone Number
	191 Holle Namber
—E-mail:*—	
	ex: myname@example.com
Areas of Interest:	
	☐ Testing
	☐ Human Resource
	☐ Developer
	Team Lead
	Project Manager
	Other
-Skill Leve	.*
	Please Select
-Cover Lett	er:
	4
Upload Resume:	
Opioad Re	
	Choose File No file chosen
	Submit Form