barrington books

BARRINGTON SHOPPING CENTER 184 COUNTY ROAD • BARRINGTON, RI 02806



BOOKSELLER/ SALES ASSOCIATE EMPLOYMENT APPLICATION

		CONTACT INFORMATIO
√ame:		Date:
Address:		
City/State/Zip: _		
elephone:	Cell:	
mail:		
		EDUCATION
IGH SCHOOL	Name:	
	Address:	Yes No
	City/State/Zip:	No. of years completed:
OLLEGE	Name:	Did you graduate?
	Address:	Yes No
	City/State/Zip:	No. of years completed:
THER	Name:	Did you graduate?
	Address:	Yes No
	City/State/Zip:	No. of years completed:
		EXPERIENCE
	y previous experience, training, qualifications or sk on Books? If so, please explain*:	

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BOOKS!



BOOKSELLER/ SALES ASSOCIATE EMPLOYMENT APPLICATION

		11 / 11 1 210 / 11011
		EMPLOYMENT HISTORY
EMPLOYER	Name of Employer:	May we contact this employer for a reference? Yes No
EMPLOYER	Name of Employer:	May we contact this employer for a reference? Yes No No
		AVAII ADILITY
What days c	and hours are you available to work?	AVAILABILITY
	ilable for work nights, weekends and holidays? Yes No	

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What is your favorite book of all time? _____

Which books have you read recently? ______