

## **Maxima Gift Center**

212 Massachusetts Avenue Arlington, MA 02474 Phone 781-646-6835

## **Employment Application (Bookseller Associate)**

		Арј	plicant l	nform	ation			
Full Name:				Date:				
	Last	Fir	st			M.I.		
Address:								
	Street Address						Apartment/Unit #	
	City					State	ZIP Code	
Phone:			E	mail:				
				Securit				
Pronouns: (E.g.: She/Her/Hers, They/Them/Theirs)		_ (last four digits):				-		
Data Availak			ary: <b>\$</b>					
Date Availat	ole: De	sileu Sala	aıy. <u>⊅</u>					
Position App	olied for:							
Are you a ci	tizen of the United States?	YES	NO	If no, a	are you	authorized to wo	YES rk in the U.S.?	NO
Have you ev	ver worked for this company?	YES	NO	If yes,	when?_			
Have you ev	ver been convicted of a felon	YES y? □	NO					
If yes, expla	in:							
_	_	-	Educ		-	_	_	
Lieb Cabaal								
High School	:		Address:					
From:	To:	Did you g	graduate?	YES	NO	Diploma::		
College:			Address:					
From:	To:	Did you g	graduate?	YES	NO	Degree:		
Other:			Address:			-		
From:	To:		graduate?	YES	NO	Degree:		

	References			
Please list three professional references.				
Full Name:		Relationship:		
Company:		Phone:		
Address:				
Full Name:		Relationship:		
Company:		Phone:		
Address:				
Full Name:		Relationship:		
Company:		Phone:		
Address:				
Pi	revious Employment			
Company:		Phone:		
Address:				
Job Title:				
Responsibilities:				
From: To:				
May we contact your previous supervisor for a re	YES NO eference?			
Company:		Phone:		
Address:		O company in a m		
Job Title:	Starting Salary:	Ending Salary:		
Responsibilities:				
From: To:				
	YES NO			
May we contact your previous supervisor for a re	ference?			
Company:		Phone:		
A alaba a a .		Supervisor:		
Job Title:	Starting Salary:\$	Ending Salary:\$		
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Responsibilities:						
From: 1	Го:	Reaso	on for Leaving:			
May we contact your previous su	pervisor for a refe	YES erence?	NO			
	How long w	ill you want to	work for us?			
( ) 3-6 mor	nths	( ) 6-12 months	<b>;</b>	( ) 1-2 years		
Please mark days/times you ARE available:						
	MONDAY TUESDAY WEDNESDAY	10 AM – 3 PM	3 PM - 8 PM			
	THURSDAY FRIDAY					
	SATURDAY	10 AM – 2PM	2 PM - 6 PM			
Will your availability change? If so, when?						
	Tell	l us about you	rself:			
Are you planning any vacations of	or time away from	Boston within the	e next six months?	>		
What are the last three books you've read?						
What genre(s) do you enjoy reading?						
Would you be interested in event planning and establishing relationships with local elementary school libraries?						
What is your definition of customer service?						
Please describe yourself. What special skills, knowledge, etc. can you offer to Maxima?						

Emergency Contact (Name, Address, Phone, Relation):	
Please use this space to give us any more information we should know, including other job you are applying for:	work experience related to the
Disclaimer and Signature	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information interview may result in my release.	ation in my application or
Signature:	Date: