

Full Name

Address: _____

Phone: _____

Email: _____

Objective

Professional Experience

Store Associate

Company Name | City, State | MM/YYYY – MM/YYYY

- _____
- _____
- _____

Store Associate

Company Name | City, State | MM/YYYY – MM/YYYY

- _____
- _____
- _____

Education

Degree or Diploma

School Name, City, State | MM/YYYY – MM/YYYY

Degree or Diploma

School Name, City, State | MM/YYYY – MM/YYYY

Skills

Customer Service

POS Systems

Inventory Management

Cash Handling

Communication