

EMPLOYMENT
HOW TO APPLY**3 EASY WAYS TO APPLY FOR A CAREER WITH CONSUMERS****APPLY ONLINE**

It's fast and simple. Just log onto www.ConsumersCareers.com to access, complete and submit your application online.

**FAX OR MAIL YOUR APPLICATION
IN CONFIDENCE**

Fax your completed application to:
631-563-3018

Mail to 717 Broadway Ave Holbrook, NY 11741.
ATTN: Human Resources

You may also enclose your résumé with the application.

**WALK IN**

Complete your application and bring it to our Headquarters
Monday to Friday 11am to 4pm

717 Broadway Ave Holbrook, NY 11741.

Log onto www.ConsumersCareers.com for directions.

2. education and training

HIGH SCHOOL	CITY	GRADUATED	DIPLOMA
		<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> REGENTS <input type="checkbox"/> STANDARD <input type="checkbox"/> GED
COLLEGE	MAJOR	YEARS ATTENDED	CREDITS COMPLETED
			DEGREE
			<input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS
			<input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS
			<input type="checkbox"/> ASSOCIATES <input type="checkbox"/> BACHELORS <input type="checkbox"/> MASTERS
LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS OR CERTIFICATES/LICENSES THAT YOU POSSESS RELATED TO THIS JOB:			

3. employment experience

NAME OF CURRENT OR LAST EMPLOYER		PHONE #
ADDRESS		TYPE OF BUSINESS
DATES EMPLOYED FROM: TO:	NAME OF SUPERVISOR	REASON FOR LEAVING
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
BRIEF DESCRIPTION OF JOB DUTIES	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF PREVIOUS EMPLOYER		PHONE #
ADDRESS		TYPE OF BUSINESS
DATES EMPLOYED FROM: TO:	NAME OF SUPERVISOR	REASON FOR LEAVING
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
BRIEF DESCRIPTION OF JOB DUTIES	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF PREVIOUS EMPLOYER		PHONE #
ADDRESS		TYPE OF BUSINESS
DATES EMPLOYED FROM: TO:	NAME OF SUPERVISOR	REASON FOR LEAVING
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		
BRIEF DESCRIPTION OF JOB DUTIES	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	

4. references

LIST BUSINESS PERSONS KNOWN FOR AT LEAST THREE YEARS WHO ARE NOT RELATED TO YOU

NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN

5. general information

<p>Do you have a valid driver's license?..... <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>License Number: _____</p> <p>Do you have dependable transportation <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p style="text-align: center;">HOBBIES & INTERESTS</p> <p>Music: _____</p> <p>Sports: _____</p> <p>Other: _____</p>
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6. comments

List any Comments or Qualifying Statements you care to make in reference to this position.

7. occupational skills

Do you own a personal computer?..... YES NO Type _____

RATE YOUR KNOWLEDGE OF THE FOLLOWING APPLICATIONS

INTERNET:	<input type="checkbox"/> NO KNOWLEDGE	<input type="checkbox"/> SOME KNOWLEDGE	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> MASTER
WINDOWS:	<input type="checkbox"/> NO KNOWLEDGE	<input type="checkbox"/> SOME KNOWLEDGE	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> MASTER
MS OFFICE:	<input type="checkbox"/> NO KNOWLEDGE	<input type="checkbox"/> SOME KNOWLEDGE	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> MASTER
OTHER:	_____			

Are you able to lift 50-100 lbs?..... YES NO

Rate your experience with the following material handling equipment/work duties:

CIRCULAR SAW:	<input type="checkbox"/> NO EXPERIENCE	<input type="checkbox"/> SOME EXPERIENCE	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> MASTER
POWER DRILL:	<input type="checkbox"/> NO EXPERIENCE	<input type="checkbox"/> SOME EXPERIENCE	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> MASTER
FURNITURE ASSEMBLY:	<input type="checkbox"/> NO EXPERIENCE	<input type="checkbox"/> SOME EXPERIENCE	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> MASTER
OTHER:	_____			

8. availability

WORK HOURS

The position for which you are applying requires that you work the schedule detailed below:

Full Time Monday - 8:30am to 5:00pm Tuesday - 8:30am to 5:00pm Wednesday - 8:30am to 5:00pm Thursday - 8:30am to 5:00pm Friday - 8:30am to 5:00pm Saturday - OFF Sunday - OFF	Closed Holidays Easter Thanksgiving Christmas New Years Day	Working Holidays (+ 50%) Labor Day Independence Day Memorial Day
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At times, this position requires mandatory overtime. Would this pose a conflict with any prior commitments? YES NO

If so, explain _____

CONSUMERS EDUCATION

If hired, would you be willing to complete required after-hour training courses?..... YES NO

SALARY

I understand the position I am applying for offers a starting salary of \$17.50 per hour for the first 40 hours worked per week and \$26.25 per hour for any hours worked in excess of 40 hours a week. YES NO

9. applicant's certification

Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance.

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this application are correct and complete. I understand that any false information contained in this application may result in my discharge.

I authorize you to communicate with all my former employers (unless otherwise noted), school officials and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

I understand that as this organization deems necessary, I may be required to work overtime hours or hours outside a normally defined work day or work week. If employed, I understand and agree that such employment may be terminated at any time and without any liability to me for any continuation of salary, wages or employment related benefits.

Date: _____ Signature: _____