

**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](http://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](http://www.ConsumersCareers.com) for directions.

# 1. personal

PLEASE PRINT ALL ANSWERS

DATE OF APPLICATION

HOW DID YOU LEARN ABOUT THE POSITION?

- |                                                        |                                                           |                                                                  |
|--------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> CRAIGSLIST                    | <input type="checkbox"/> FACEBOOK.COM                     | <input type="checkbox"/> PRESENT CONSUMERS EMPLOYEE (Name _____) |
| <input type="checkbox"/> FRIEND/RELATIVE (Name: _____) | <input type="checkbox"/> WALK-IN                          | <input type="checkbox"/> COLLEGE (Name _____)                    |
| <input type="checkbox"/> PENNY SAVER                   | <input type="checkbox"/> CONSUMERS CONTACTED ME BY E-MAIL |                                                                  |
| <input type="checkbox"/> NEWSDAY                       | <input type="checkbox"/> CONSUMERS WEBSITE                | <input type="checkbox"/> OTHER _____                             |

LAST NAME

FIRST NAME

MIDDLE NAME

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBERS

SOCIAL SECURITY NUMBER

HOME:

BUSINESS:

CELL:

E-MAIL ADDRESS

If you are under 18 years of age, can you provide required proof of your eligibility to work? .....  YES  NO

Have you ever filed an application with us before? .....  YES  NO

Have you ever been employed with us before? .....  YES  NO

Are you currently employed? .....  YES  NO

Are you legally eligible for employment in the United States? .....  YES  NO  
(Proof of identity and eligibility will be required upon employment)

Are you currently on "lay-off" or "stand-by" status and subject to employment recall? .....  YES  NO

On what date will you be available for work?  ONE WEEK  TWO WEEKS  IMMEDIATELY  OTHER \_\_\_\_\_

Are you able to perform the duties of the job you are applying for with or without a reasonable accommodation? .....  YES  NO

# 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	NAME OF SUPERVISOR	REASON FOR LEAVING	
FROM: TO:			
<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	NAME OF SUPERVISOR	REASON FOR LEAVING	
FROM: TO:			
<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	NAME OF SUPERVISOR	REASON FOR LEAVING	
FROM: TO:			
<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

Do you have a valid driver's license?.....  YES  NO  
 License Number: \_\_\_\_\_  
 Do you have dependable transportation  YES  NO

**HOBBIES & INTERESTS**  
 Music: \_\_\_\_\_  
 Sports: \_\_\_\_\_  
 Other: \_\_\_\_\_

# 6. comments

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

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# 7. occupational skills

Do you own a personal computer?.....  YES  NO    Type.....  MAC  PC

**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**  
Labor Day  
Independence Day  
Memorial Day

Do you have any present commitments that would prevent you from working this schedule?.....  YES  NO

If so, explain \_\_\_\_\_

This position may require working mandatory overtime. Are you able to fulfill this commitment?.....  YES  NO

### 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 \$10.50 per hour for the first 40 hours worked per week and \$15.75 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.

I accept the applicant's certification