

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.

1. personal

PLEASE PRINT ALL ANSWERS

DATE OF APPLICATION

HOW DID YOU LEARN ABOUT THE POSITION?

- | | | |
|--------------------------------------------------------|-----------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> CAREERBUILDER.COM | <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

HOME: _____ BUSINESS: _____

CELL: _____

SOCIAL SECURITY NUMBER

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 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
NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN
NAME	TITLE	BUSINESS	PHONE	YEARS KNOWN

5. general information

Do you have a valid driver's license?..... YES NO

Do you have dependable transportation to and from work each day? YES NO

HOBBIES & INTERESTS

Music: _____

Sports: _____

Other: _____

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..... MAC PC

How would you rate your keyboard typing ability?..... POOR AVERAGE ADVANCED

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 WORD: | <input type="checkbox"/> NO KNOWLEDGE | <input type="checkbox"/> SOME KNOWLEDGE | <input type="checkbox"/> PROFICIENT | <input type="checkbox"/> MASTER |
| MS EXCEL: | <input type="checkbox"/> NO KNOWLEDGE | <input type="checkbox"/> SOME KNOWLEDGE | <input type="checkbox"/> PROFICIENT | <input type="checkbox"/> MASTER |
| MS POWERPOINT: | <input type="checkbox"/> NO KNOWLEDGE | <input type="checkbox"/> SOME KNOWLEDGE | <input type="checkbox"/> PROFICIENT | <input type="checkbox"/> MASTER |
| MS OUTLOOK: | <input type="checkbox"/> NO KNOWLEDGE | <input type="checkbox"/> SOME KNOWLEDGE | <input type="checkbox"/> PROFICIENT | <input type="checkbox"/> MASTER |
| MS PUBLISHER: | <input type="checkbox"/> NO KNOWLEDGE | <input type="checkbox"/> SOME KNOWLEDGE | <input type="checkbox"/> PROFICIENT | <input type="checkbox"/> MASTER |
| ADOBE ACROBAT: | <input type="checkbox"/> NO KNOWLEDGE | <input type="checkbox"/> SOME KNOWLEDGE | <input type="checkbox"/> PROFICIENT | <input type="checkbox"/> MASTER |
| 20-20 DESIGN: | <input type="checkbox"/> NO KNOWLEDGE | <input type="checkbox"/> SOME KNOWLEDGE | <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

Some office positions may require working alternating Saturdays and/or one late night per week. 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 online training courses?..... YES NO

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

SALARY

I understand the position I am applying for offers a starting salary of \$9.50 per hour for the first 40 hours worked per week and \$14.25 per hour for any hours worked in excess of 40 hours in 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