

**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"/> 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	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  
 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.

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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:  NO KNOWLEDGE  SOME KNOWLEDGE  PROFICIENT  MASTER  
 WINDOWS:  NO KNOWLEDGE  SOME KNOWLEDGE  PROFICIENT  MASTER  
 MS OFFICE:  NO KNOWLEDGE  SOME KNOWLEDGE  PROFICIENT  MASTER

OTHER: \_\_\_\_\_  
 \_\_\_\_\_

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

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

POWERED LOW-LIFT TRUCK:	<input type="checkbox"/> NO EXPERIENCE	<input type="checkbox"/> SOME EXPERIENCE	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> MASTER
POWERED HIGH LIFT TRUCK:	<input type="checkbox"/> NO EXPERIENCE	<input type="checkbox"/> SOME EXPERIENCE	<input type="checkbox"/> PROFICIENT	<input type="checkbox"/> MASTER
MAKING HOME DELIVERIES:	<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 one of the three schedules detailed below:

<b>Day Shift</b>	<b>Evening Shift</b>	<b>Part Time</b>	<b>Closed Holidays</b>
Monday - 8:00am to 4:30pm	Monday - 12:30pm to 9:00pm	Monday - 5:00pm to 9:00pm	Easter
Tuesday - OFF	Tuesday - OFF	Tuesday - 5:00pm to 9:00pm	Thanksgiving
Wednesday - 8:00am to 4:30pm	Wednesday - 12:30pm to 9:00pm	Wednesday - 5:00pm to 9:00pm	Christmas
Thursday - 8:00am to 4:30pm	Thursday - 12:30pm to 9:00pm	Thursday - OFF	New Years Day
Friday - 8:00am to 4:30pm	Friday - 12:30pm to 9:00pm	Friday - 5:00pm to 9:00pm	<b>Working Holidays</b>
Saturday - 8:00am to 4:30pm	Saturday - OFF	Saturday - OFF	Labor Day
Sunday - OFF	Sunday - 8:00am to 5pm	Sunday - 8:00am to 5pm	Independence Day
			Memorial Day

Which of these work schedules would you prefer?.....  DAY  EVENING  PART TIME

If you are not assigned to your preferred schedule, would you still be interested in the position?.....  YES  NO

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 \$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 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