

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

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**

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.



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"/> MONSTER.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

# 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 \_\_\_\_\_  
 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 3 week rotating schedule detailed below.

Week 1	Week 2	Week 3
Monday - 4:45pm to 9pm	Monday - OFF	Monday - 4:45pm to 9pm
Tuesday - 4:45pm to 9pm	Tuesday - 4:45pm to 9pm	Tuesday - OFF
Wednesday - OFF	Wednesday - 4:45pm to 9pm	Wednesday - 4:45pm to 9pm
Thursday - 4:45pm to 9pm	Thursday - OFF	Thursday - 4:45pm to 9pm
Friday - 4:45pm to 9pm	Friday - 4:45pm to 9pm	Friday - OFF
Saturday - OFF	Saturday - 8:30am to 5pm	Saturday - 8:30am to 5pm
Sunday - OFF	Sunday - 10:30am to 4pm	Sunday - 10:30am to 4pm

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

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

## 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 is a part time position, which offers a starting salary of \$9.50 per hour .....  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: \_\_\_\_\_