

1. personal PLEASE PRINT ALL ANSWERS



DATE OF APPLICATION							
IOW DID YOU LEARN ABOUT THE POSITI	ON?						
CAREERBUILDER.COM FRIEND/RELATIVE (Name: PENNY SAVER)	CONSUMERS CONTACTED	COLLEGE (Nam) ME BY E-MAIL	ne		_)
NEWSDAY	CONSUMERS WEBSITE		OTHER				_)
AST NAME		FIRST	NAME			MIDDLE NAME	
TREET ADDRESS							
IITY			S	TATE		ZIP CODE	
ELEPHONE NUMBERS Ome:	BUSINESS:		CELL:		SOCIAL SECURITY	Y NUMBER (LAST FOUR DIGITS)
-MAIL ADDRESS							
If you are under 18 years of required proof of your eligib	• • •			•••••	☐ YES	□ NO	
Have you ever filed an appli	cation with us before?	••••••			☐ YES	□ NO	
Have you ever been employ	ed with us before?	•••••		•••••	☐ YES	□ NO	
Are you currently employed?		•••••		•••••	☐ YES	□ ^{NO}	
Are you legally eligible for e (Proof of identity and eligible)					☐ YES	□ NO	
Are you currently on "lay-off	" or "stand-by" status and s	subject	t to employment recall?		☐ YES	□ NO	
On what date will you be av	ailable for work? 🔲 (ONE W	VEEK 🗖 TWO WEEKS	☐ IMME	DIATELY 🗖	OTHER	
Are you able to perform the accommodation?			-		☐ YES	□ NO	



2. education and training

HIGH SCHOOL	CITY		GRADUATED	DIPLOMA
			YES	REGENTS
				STANDARD
			□ NO	☐ GED
COLLEGE	MAJOR	YEARS ATTENDED	CREDITS COMPLETED	DEGREE
				☐ ASSOCIATES
				BACHELORS
				MASTERS
				ASSOCIATES
				BACHELORS
				MASTERS
				ASSOCIATES
				BACHELORS
	OREGINI OVILLO OR GERVINICATES IL ISTNOTO		•	MASTERS
LIST ANY OTHER EDUCATION, TRAINING,	SPECIAL SKILLS OR CERTIFICATES/LICENSES	THAT YOU PUSSESS RELATED TO THIS JO	В:	

3. employment experience

ADDRESS TYPE OF BUSINESS TYPE OF BUSINESS DATES EMPLOYED FROM: TO:	
DATES EMPLOYED FROM: TO: SUPERVISOR REASON FOR LEAVING	
DATES EMPLOYED FROM: TO: SUPERVISOR REASON FOR LEAVING	
FROM: TO: FULL TIME	
FOLLTIME	
☐ PART TIME	
BRIEF DESCRIPTION OF JOB DUTIES MAY WE CONTACT?	
□ YES	□ NO
NAME OF PREVIOUS EMPLOYER PHONE #	
ADDRESS TYPE OF BUSINESS	
DATES EMPLOYED NAME OF SUPERVISOR REASON FOR LEAVING	
FROM: TO:	
BRIEF DESCRIPTION OF JOB DUTIES MAY WE CONTACT?	
□ YES	□ NO
NAME OF PREVIOUS EMPLOYER PHONE #	
ADDRESS TYPE OF BUSINESS	
DATES EMPLOYED NAME OF SUPERVISOR REASON FOR LEAVING	
FROM: TO:	
BRIEF DESCRIPTION OF JOB DUTIES MAY WE CONTACT?	
□ YES	□ NO



	TITLE	BUSINESS	PHONE	YEARS KNOV
AME	TITLE	BUSINESS	PHONE	YEARS KNOW
AME	TITLE	BUSINESS	PHONE	YEARS KNO
. genera	al info	rmation		
Do you have a valid driver's lic Do you have dependable trans to and from work each day?	portation — —	NO Music:		
isi dily collillellis of Qualifylli	,	·		
isi uny Comments of Quantym				
isi uny Commens of Quantym				
	oation	nal skills		
. occuţ			Туре	□ PC
OCCUT Oo you own a personal compute ATE YOUR KNOWLEDGE OF THE FOLLOW	er?		Туре	□ PC

SOME KNOWLEDGE

PROFICIENT

MASTER

NO KNOWLEDGE

MS OFFICE: OTHER:



re you able to lift 50-100) lbs?	YES	□ NO	
ate your experience with	the following material h	andling equipment/work duties:		
POWERED LOW-LIFT TRUCK: POWERED HIGH LIFT TRUCK: MAKING HOME DELIVERIES: OTHER:	NO EXPERIENCE NO EXPERIENCE NO EXPERIENCE	SOME EXPERIENCE SOME EXPERIENCE SOME EXPERIENCE	PROFICIENT PROFICIENT PROFICIENT	☐ MASTER ☐ MASTER ☐ MASTER

8. availability

WORK HOURS			
The position for which you are ap	plying requires that you work one of the	three schedules detailed below:	
Day Shift A	Day Shift B	Evening Shift	Closed Holidays
Monday - 8:00am to 4:30pm	Monday - 8:00am to 4:30pm	Monday - 12:30pm to 9:00pm	Easter
Tuesday - OFF	Tuesday - 8:00am to 4:30pm	Tuesday - OFF	Thanksgiving
Wednesday - 8:00am to 4:30pm	Wednesday - 8:00am to 4:30pm	Wednesday - 12:30pm to 9:00pm	Christmas
Thursday - 8:00am to 4:30pm	Thursday - 8:00am to 4:30pm	Thursday - 12:30pm to 9:00pm	New Years Day
Friday - 8:00am to 4:30pm	Friday - 8:00am to 4:30pm	Friday - 12:30pm to 9:00pm	Working Holidays (+50%)
Saturday - 8:00am to 4:30pm	Saturday - OFF	Saturday - OFF	Labor Day
Sunday - OFF	Sunday - OFF	Sunday - 8:00am to 4:30pm	Independence Day
			Memorial Day
Which of these work schedules wo	ould you prefer?	DAY A DAY B	☐ EVENING
If you are not assigned to your pr	eferred schedule, would you still be inte	rested in the position? 🔲 YES	□ NO
This position may require workin	g mandatory overtime. Are you able to f	ulfill this commitment? 🔲 YES	□ NO
CONSUMERS EDUCATION			
If hired, would you be willing to o	operate powered high-lift and low-lift tru	ucks (training provided)? \Box	YES 🗖 NO
SALARY			
	plying for offers a starting salary of \$11		LVEC DINO
hours worked per week and \$16.	50 per hour for any hours worked in exc	ess ot 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 certifica
