

Position(s) Applied For:			Date of App	blication:				
How did you learn abou	ut us?							
Advertisement	Friend	Walk In(Sign)	Employn	nent Agency	Relative	Other		
Last Name	First Na	ame	Midd	le Initial	Social Security	Number		
Address: number/stre	et	Ci	ity		State	Zip		
Telephone:								
Home:		Cell:		Emai	il:			
	application w	ith us hoforo?					Yes	No
Have you ever filled an application with us before?						165	INU	
Have you ever been employed by us before?					Yes	No		
Are you currently emplo	oyed?						Yes	No
May we contact your p	resent employ	er?					Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?				atus?	Yes	No		
Are you available for work immediately? Yes No If not, on what date are you available?								

Yes

Yes

Yes

No

No

No

Are you currently on lay-off status and subject to recall? Can you travel if a job requires it? Have you been convicted of a felony within the last 7 years?

Conviction will not necessarily disqualify an applicant from employment. If ves, please explain:

	Elementary School	High School	Undergraduate/ College or University	Graduate/Professional
School Name				
Years Completed				
Describe special training, skills etc.				
Describe any honors received.				
State any additional information that might be helpful.				

Indicate any foreign languages you can speak, read or write.

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business, or civic activities and office(s) held. (You may exclude memberships which would reveal sex, race, religion, national origins, age, ancestry, or handicap or protected status.

References
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Give the name, address, and telephone number of three references that are not related to you and are not previous employers.
1.
2.
3.

Have you ever had any job -related training in the United States military? If yes, please describe:				
Are you physically or otherwise unable to perform the duties for which you are applying?	Yes	No		
Are you able to stoop, bend, squat or twist while lifting 50 pounds?	Yes	No		
Are you able to perform the essential functions of the job for which you are applying with/without reasonable accommodations?	Yes	No		
If no, describe the functions that cannot be performed with/without reasonable accommodations.				

<u>Employment Experience:</u> Start with your present or last job. Include ant job-related military service assignments and volunteer activities. (You may exclude memberships that would reveal sex, race, religion, national origins, age, ancestry, or handicap or protected status.)

EMPLOYER	From:	To:	Work Performed
Name:			
Address:	\$		
Telephone:	Hourly	Salary	
Job Title:	·		
Reason for Leaving:			
EMPLOYER	From:	To:	Work Performed
Name:			
Address:	\$		
Telephone:	Hourly	Salary	
Job Title:			
Reason for Leaving:			
EMPLOYER	From:	To:	Work Performed
Name:			
Address:	\$		
Telephone:	Hourly	Salary	
Job Title:			

Reason for Leaving:

If you need additional space, continue on a separate piece of paper.

## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment that may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, employment relationship with this organization is of an at will nature, which means that the Employee may resign at any time and the Employer may discharge Employees at any time with or without cause. It is further understood that this at will employment relationship may not be changed by any written document or by conduct unless an authorized executive of this organization specifically acknowledges such change in writing.

In the event of employment, I understand that false or misleading information given in the application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

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## RELEASE OF INFORMATION

I understand that the information that I report on the employment application will be subject to verification by background investigation. I agree to allow, and cooperate with, the investigation of my background. I also agree not to hold STORAGE MASTERS, L.L.C. or owners(s) represented by STORAGE MASTERS, L.L.C., or persons or agencies acting as agent for owner(s), liable in connection with the inquires. I understand and agree that credit information, criminal history, driving record, and other information may be obtained concerning me.

For the purpose of the background investigation I herby authorize the release of any and all information about me from previous employers, any government subdivision, holders of public records, law enforcement agencies, credit reporting entities and agencies, any public or private person who might have material information about me and the companies, schools, and persons named in the STORAGE MASTERS, L.L.C., application or applications used by owner(s) represented by STORAGE MASTERS, L.L.C. I further agree to release any such entity or individual from liability for damages in releasing information.

In the event that the investigation reveals information that I have hidden or failed to report as requested, I agree that those issues may be fully examined, and include the releases listed above in such additional inquires.

Date

Signature of Applicant

The following information is supplied in connection with the background investigation:

Print Full Name:	Social Security Number:		
Month & Day:	Year of Birth (Optional).		
Current Address:			
Cities and States in which you have lived in the last five	years.		
Cities and states of Worker's Compensation claims ma	de within the last five years.		
Current Driver's license and state of issue.			
Other states in which you have held driver's license in t	he last three years:		
Have you ever been convicted of a felony? If yes, provide the following information:			
	-		
City: St	ate: Year:		
City: St	ate: Year:		