



APPLICATION FOR EMPLOYMENT

We consider applicants for all positions on the basis of qualifications and without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

PLEASE PRINT

Application must be completed in full even if attaching a resume

PERSONAL

_____ Full Time []
Position(s) Applied For _____ Part Time []

Name: _____
Last First Middle Date of Application

Address: _____
Number & Street City State Zip Code

_____ Home Phone Number _____ Second Phone Number _____ Email

Have you ever worked under another name? YES NO If yes, please state name _____

How Did You Learn About Us? AD AGENCY FRIEND RELATIVE INQUIRY OTHER _____

Best time to contact you at home is between the hours of _____ and _____ AM PM

If you are less than 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? If yes, give date _____ YES NO

Have you ever been employed with us before? If yes, give date _____ YES NO

Do any friends or relatives work here? If yes, state name(s) _____ YES NO

Are you presently employed?..... YES NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of citizenship or immigration status will be required upon employment.) YES NO

Have you ever been convicted of a crime, excluding misdemeanors? If yes, please describe in full. YES NO
(A conviction will not necessarily result in the denial of employment. All circumstances will be considered.)

Have you ever been discharged from any employment or asked to resign? If yes, please explain. YES NO

Are you currently on "lay off" status and subject to recall? YES NO

Can you travel if a job requires it? YES NO

When would you be available to begin work? _____

What salary do you expect (approximate)? _____

EDUCATION

(Circle)

School	Name & Location	Course of Study	Years	Graduate
High School	_____		9 10 11 12	YES _____ NO _____
Undergraduate College	_____		1 2 3 4	YES _____ NO _____
Graduate/ Professional	_____		1 2 3 4	YES _____ NO _____
Vocational or Trade School	_____		1 2 3 4	YES _____ NO _____
Special Courses	_____		1 2 3 4	YES _____ NO _____

WORK EXPERIENCE

(Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude any organization, which indicates race, color, religion, gender, national origin, disabilities or other protected status.)

1 EMPLOYER:	<u>Dates Employed</u>		<u>Work Performed</u>
Address:	<u>From</u>	<u>To</u>	
Phone Number(s):	___/___/___	___/___/___	
Starting/Present Job Title:	<u>Rate of Pay</u>		
Supervisor:	\$ _____	\$ _____	
Reason for Leaving:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

2 EMPLOYER:	<u>Dates Employed</u>		<u>Work Performed</u>
Address:	<u>From</u>	<u>To</u>	
Phone Number(s):	___/___/___	___/___/___	
Starting/Present Job Title:	<u>Rate of Pay</u>		
Supervisor:	\$ _____	\$ _____	
Reason for Leaving:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

3 EMPLOYER:	<u>Dates Employed</u>		<u>Work Performed</u>
Address:	<u>From</u>	<u>To</u>	
Phone Number(s):	___/___/___	___/___/___	
Starting/Present Job Title:	<u>Rate of Pay</u>		
Supervisor:	\$ _____	\$ _____	
Reason for Leaving:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

4 EMPLOYER:	<u>Dates Employed</u>		<u>Work Performed</u>
Address:	<u>From</u>	<u>To</u>	
Phone Number(s):	___/___/___	___/___/___	
Starting/Present Job Title:	<u>Rate of Pay</u>		
Supervisor:	\$ _____	\$ _____	
Reason for Leaving:			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No



Consolidated Storage Companies, Inc.

COMMENTS: Include explanation of any gaps in employment. _____

SPECIALIZED SKILLS (Summarize special job-related skills and qualifications acquired from employment or other experience)

NOTE TO APPLICANTS - Do not answer this question unless you have been informed about the job requirements for which you are applying. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied? A review of the activities involved in such a job or occupation has been given.

Yes No If no, please explain. _____

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members or past supervisors)

1			
2			
3			

APPLICANT’S CERTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I certify that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation. I also understand and agree that the Company may check my criminal history at any time, either before or after I am employed.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this Company is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee 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.

If employed, I agree to conform to the employment policies, rules and regulations of the Company and to engage in no outside activity which would involve a material conflict of interest with, or which could reflect adversely on the Company. I understand this decision is to rest with the Company. I also agree to hold in strictest confidence any information concerning the Company, its Insureds, and its Agents, which may come to my knowledge.

I understand that the Company requires the successful completion of a urinalysis for drug testing purposes and/or a blood alcohol test as a condition of employment. By submitting this Application for Employment, I hereby consent to either or both of said tests, at the Company’s discretion.

This application for employment shall be considered active for a period of 1 year. 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 have been given the opportunity to consult with counsel before executing this Application for Employment

Applicant’s Signature

Date