

Date _____

EMPLOYMENT APPLICATION

NOTE TO APPLICANT: Thank you for taking the time to fill out this application. Each of the questions in this application needs to be answered completely and accurately. If an answer is not appropriate, put the words "none", "unknown", or "not applicable," as appropriate, in the answer blank. Please do not leave any blank answers. If there is insufficient space for your answer, please continue into the margin or on a separate piece of paper. If you have any questions, please speak to a company representative before completing and signing this form. Employer complies with applicable equal employment laws and those federal, state and local laws which prohibit discrimination, including harassment, against qualified applicants and employees. Please print or write neatly:

POSITION. The position you are applying for is _____ with _____
(position) (employer to whom application is being made)

PERSONAL. Your full name _____
(please show complete names rather than initials, and show nicknames in parenthesis)

Have you ever used another name for work or school or military? ☐ yes ☐ no. If yes, please state such name(s), dates, and circumstances _____

Are you at least age 18? ☐ yes ☐ no.

Present residence address _____

Street Address	City	State	ZIP
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Permanent address (if any) Street Address or P.O. Box	City	State	ZIP
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Present work phone (_____) Home phone (_____) Cell Phone (_____) _____

Email address _____

Have you worked for us before? ☐ yes ☐ no.

If yes, state: Dates _____ City _____ Supervisor's name _____

Do you have immediate family members in our line of business in Texas? ☐ yes ☐ no. If yes, list their names and their employer(s) _____

Do you have relatives currently in our employ? ☐ yes ☐ no. If yes, what are their names _____

Date you are available to begin work _____.

Do you intend to engage in other work while in our employ? ☐ yes ☐ no. If yes, describe the work, as well as the hours and days of the week involved _____

Is your availability for work limited? ☐ yes ☐ no. If yes, please indicate which hours and days of the week you are not available _____

Are you willing to work flexible hours, which could include weekends and/or overtime? ☐ yes ☐ no

Are you willing to travel? ☐ yes ☐ no. If yes, how much? _____

Are you willing to relocate? ☐ yes ☐ no. If yes, what geographical preference? _____

Do you speak, read, or write a language other than English? ☐ yes ☐ no.

If yes, please specify which language(s) _____

EDUCATION.

Name and location of school

How many years
completed?Did you
graduate?What degree(s)
received or
subject(s) studied?

High school

College

Trade, business
or vocational school

Academic honors or awards received (You may omit any which identify your race, color, national origin, sex, religion, age, disability, or other protected characteristics)

LICENSES AND CERTIFICATIONS. Do you have any professional or vocational licenses (real estate, plumbing, electrician, air conditioning, pest control applicator, etc.)? ☐ yes ☐ no.

Do you have any professional certifications? ☐ yes ☐ no. If yes to either question, please describe below.

What type of license,
certification, or designationsFrom what state agency,
city, or organizationStill
Effective?License
number

Have you ever had a license or certification (if any) revoked, suspended, or restricted? ☐ yes ☐ no. If yes, please explain

OTHER QUALIFICATIONS. Please state any other information about your personal qualities, skills, and abilities which would be helpful in considering you (including strengths, weaknesses, goals, etc.)

EMERGENCY. Who do you want us to notify in an emergency? Name _____

Relationship _____ Work phone (_____) _____ Home phone (_____) _____

MISCELLANEOUS. How were you referred to us? ☐ Friend ☐ Relative ☐ Walk-in ☐ Ad ☐ Agency ☐ Other

PRIOR EMPLOYMENT. We normally contact an applicant's current and previous employers for reference purposes.

Are you currently employed? ☐ yes ☐ no. May we contact your current employer at this time? ☐ yes ☐ no ☐ not applicable. If no, please explain.

May we contact your current employer after a conditional offer of employment is made? ☐ yes ☐ no ☐ not applicable.

If you have any employment recommendation letters, please attach them.

Please provide below your prior employment history for the preceding five employers or past five years, whichever is greater.

Current or last employer

Employer's name _____ Phone (_____) _____

City/State _____ From _____ to _____

Position and duties _____

Supervisor's name _____

Reason for leaving _____

Next previous employer

Employer's name _____ Phone (_____) _____

City/State _____ From _____ to _____

Position and duties _____

Supervisor's name _____

Reason for leaving _____

Next previous employer

Employer's name _____ Phone (_____) _____

City/State _____ From _____ to _____

Position and duties _____

Supervisor's name _____

Reason for leaving _____

Next previous employer

Employer's name _____ Phone (_____) _____

City/State _____ From _____ to _____

Position and duties _____

Supervisor's name _____

Reason for leaving _____

Next previous employer

Employer's name _____ Phone (____) _____

City/State _____ From _____ to _____

Position and duties _____

Supervisor's name _____

Reason for leaving _____

Other information

Please explain all periods of unemployment between the jobs listed above _____

Have you ever been fired, terminated, or asked to resign by any employer? ☐ yes ☐ no. If yes, please explain _____

PERSONAL REFERENCES. (Do not include relatives, roommates, or previous employers.)

Name	City and State	Phone (include area code)	Occupation	Years Known
_____	_____	(____) _____	_____	_____
_____	_____	(____) _____	_____	_____
_____	_____	(____) _____	_____	_____

[INCLUDE THE BELOW ONLY IF THE INDIVIDUAL WILL BE LIVING ON-SITE]**RENTAL HISTORY.**

Landlord's Name	City and State	Phone (include area code)
Present landlord _____	_____	(____) _____
Previous landlord _____	_____	(____) _____
Landlord previous to above _____	_____	(____) _____

(Limit to landlords in previous 24 months)

DRUG TESTS/CRIMINAL BACKGROUND CHECKS. Reliable attendance and dependable performance during the contemplated work hours is required. After any offer of employment is made, you may be asked to take a test for illegal use of drugs. In addition, if you are conditionally offered employment, you will be expected to authorize a criminal background check and/or disclose any criminal background history. Past criminal history will not necessarily bar consideration for employment. We will individually review your criminal record, if any, in considering your employment. Factors we will review will include, if known, your age at time of conviction, length of time since offense, seriousness of offense, the duties of the job for which you are applying, and rehabilitation. We may ask you to explain the circumstances of a conviction and/or describe any extenuating circumstances.

Please complete this page *after* completing the first five pages of this Employment Application.

APPLICANT'S AUTHORIZATION

Applicant's full name _____
(please use complete names rather than initials, and show any nicknames in parenthesis)

Name of employer to whom application is being submitted _____ Date _____

I hereby give permission to Employer, its agents, and/or third-party contractors to:

obtain verification of any information provided by me in this employment application and in any supplemental questionnaire, exhibit, resume', or biographical sheet submitted by Applicant;

obtain information from educational institutions concerning my educational record, conduct, and skills; and

I understand that I may be asked to sign a separate authorization form prior to any testing for illegal drugs and for the Company to run a criminal background check, if subsequently offered employment.

I authorize all institutions, agencies, companies or persons referred to above, to give Employer and/or its agents all information requested. I authorize Employer and agencies or companies of Employer's choice to investigate all information on this application. I release Employer and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing information, even if furnished negligently. A copy of this authorization and release shall be as valid as the original.

Applicant's Signature

Applicant's Printed Name

Present Street Address

City, State ZIP

Please complete this page *after* completing the first six pages of this Employment Application.

APPLICANT'S CERTIFICATION

I certify that all information given on this application is complete and accurate. All of my work experience, training, and other information requested on this application has been disclosed. I have not withheld any fact or circumstance which is covered by this application.

I understand that if I have made any false, misleading, or incomplete information on this application it will result in rejection of my application or will result in termination of my employment whenever discovered.

I agree to furnish additional information as may be requested. I release Employer and all other parties from any claims, liabilities, and damages resulting from obtaining or furnishing such information, even if provided negligently.

After receiving any offer of employment, Employer may request that I submit to testing for illegal drugs by a firm that is chosen and paid for by Employer. I understand that the reason for such testing is that Employer endeavors to operate its business in a safe manner for all employees, customers, tenants, visitors, and/or guests. The results of such testing will be communicated to Employer or its agents. If I refuse to be tested or if I test positive for illegal drugs, I understand that I will not be further considered for employment.

If I am actually employed, I understand that I will be asked to sign a federal I-9 form and to provide positive proof of my identity and eligibility to work in the United States.

If I am employed, I understand that I may be required to work various shifts and schedules as directed by my supervisor. I understand that any employment is subject to change in wages, conditions, benefits and operating policies. I understand that if I am employed, such employment will be for an indefinite period and can be terminated at any time by Employer or myself, without advance notice and without cause.

I understand that this application does not constitute an offer or acceptance of employment or an employment contract. If I am hired, I understand that all employment is "at will;" that is, either the employer or I can terminate the relationship at any time for any reason. I understand that only authorized employer representatives may enter into any contract of employment or otherwise modify the at will nature of my employment, and that any such contract must be in writing.

There ☐ are or ☐ are not any attachments to this application. If there are attachments, please list them below (for example, a supplemental application, a recommendation letter, an extra sheet for answering a particular question, etc.).

This certification applies to all information contained in the above attachments, if any.

Date _____ Applicant's signature _____

Applicant's printed name _____

IMPORTANT NOTICE TO EMPLOYER: This form is copyrighted and is for use only in Texas by members of the Texas Self Storage Association, Inc. Use by non-TSSA members is a violation of federal copyright laws. The "blank" form may not be reproduced by any means. After a blank form is filled in by an applicant for employment, the completed form may be copied. Copyright violations will be prosecuted. This form may or may not comply with special laws or requirements of other states. Employers should keep all applications on file for at least one year.