

BIG TEX SELF STORAGE (AN EQUAL OPPORTUNITY EMPLOYER)
APPLICATION FOR EMPLOYMENT & PRE-EMPLOYMENT QUESTIONNAIRE

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, and each answer needs to be complete and accurate. 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 is an Equal Opportunity Employer and complies with applicable federal, state and local laws which prohibit discrimination against qualified applicants and employees. We prohibit any form of workplace harassment. Please print or write neatly:

PERSONAL INFORMATION				
Last Name:		First:		Middle:
Have you ever used another name for work or school or military? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, please state such name(s), dates, & circumstances.				
Present Address:		Street	City	State Zip
Permanent Address: (if different)				
Present Work Phone:		Home Phone:		Cell/Mobile Phone:
Are you 18 years of age or older? <input type="checkbox"/> yes <input type="checkbox"/> no		SS #:		
If not, give your birth date:		(Note: SSN information will be used only to facilitate background & credit checks)		
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status? <input type="checkbox"/> YES <input type="checkbox"/> NO				

EMPLOYMENT DESIRED				
Position		Date you can start		Salary desired
Are you employed now? <input type="checkbox"/> NO <input type="checkbox"/> YES		If so, may we inquire of your present employer		<input type="checkbox"/> NO <input type="checkbox"/> YES
Ever applied to this company before? <input type="checkbox"/> NO <input type="checkbox"/> YES		When?		
Who referred you to this company?		<input type="checkbox"/> Employment Agency/Office	<input type="checkbox"/> Newspaper Ad	<input type="checkbox"/> State employment office
<input type="checkbox"/> College placement service	<input type="checkbox"/> Walked in	<input type="checkbox"/> Friend	<input type="checkbox"/> Other _____	

EDUCATION				
<i>School Level</i>	<i>Name & Location of School</i>	<i>No. of Years Attended</i>	<i>Did You Graduate?</i>	<i>Degrees Received or Subjects Studied</i>
High School				
College				
Trade, Business or Correspondence School				

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GENERAL			
Subjects of special study or research work			
Special training			
Special skills			
Do you have any professional or vocational licenses (real estate, plumbing, electrician, HVAC, etc.)? <input type="checkbox"/> yes <input type="checkbox"/> no Do you have any professional certifications? <input type="checkbox"/> yes <input type="checkbox"/> no If yes to either question please describe below.			
<u>Type of License/Certification/Designation</u>	<u>From what state agency, city or organization</u>	<u>Date Issued</u>	<u>License #</u>
_____	_____	_____	_____
_____	_____	_____	_____
Have you ever had a license or certification (if any) revoked, suspended, or restricted? <input type="checkbox"/> yes <input type="checkbox"/> 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.)			

CRIMINAL HISTORY: Past criminal history will not bar consideration for employment. Factors such as age at time of conviction, length of time since offense, seriousness of offense, and rehabilitation will be considered in any final decision.		
Have you been convicted of a crime in the past? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes, list below all misdemeanors and felonies (other than parking and traffic tickets) for which you have been convicted, including DWIs. If there is insufficient room, please list on a separate page. You may be asked to obtain verification of any criminal record.		
<u>Year</u>	<u>Location (city and state)</u>	<u>Type of crime (theft, assault, etc)</u>
_____	_____	_____
_____	_____	_____
Are you on probation or parole for any conviction at the present time? <input type="checkbox"/> yes <input type="checkbox"/> no. If yes , please specify:		

SERVICE RECORD	
Branch of Service	Discharge Date/Rank
Present membership in National Guard or Reserves	Date Obligation Ends

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FORMER EMPLOYERS (List below last three employers, starting with the last one first)	
(I) Name and address of present or last employer	
Starting date (Month/Year)	Leaving Date (Month/Year)
Monthly starting salary	Monthly final salary
Job Title	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name and title of supervisor	Phone
Description of work	
Reason for leaving	
(II) Name and address of present or last employer	
Starting date (Month/Year)	Leaving Date (Month/Year)
Monthly starting salary	Monthly final salary
Job Title	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name and title of supervisor	Phone
Description of work	
Reason for leaving	
(III) Name and address of present or last employer	
Starting date (Month/Year)	Leaving Date (Month/Year)
Monthly starting salary	Monthly final salary
Job Title	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO
Name and title of supervisor	Phone
Description of work	
Reason for leaving	

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REFERENCES: Give the names of three persons not related to you, whom you have known at least one year.			
<i>Name</i>	<i>Address</i>	<i>Business</i>	<i>Years Acquainted</i>
1.			
2.			
3.			

ADDITIONAL QUESTIONS		
Have you worked as a manager of a self storage facility before? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, which facility? Location?		
Describe the tasks, processes, computer software, and maintenance work associated with the storage industry you are familiar with?		
Are you able to perform the essential functions of the job for which you are applying? <input type="checkbox"/> YES <input type="checkbox"/> NO		
What foreign languages do you speak fluently?	Read	Write
May we see your driver's license or ID card to verify your identity? <input type="checkbox"/> yes <input type="checkbox"/> no. (Note: if hired, the Immigration Reform and Control Act requires that you present documents verifying your identity and your eligibility to work in the U.S.)		
Are you engaged in illegal use of drugs (such as marijuana, cocaine, heroin, crack, speed, LSD, etc.)? <input type="checkbox"/> yes <input type="checkbox"/> no. Are you willing to be tested for illegal use of drugs? <input type="checkbox"/> yes <input type="checkbox"/> no.		

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APPLICANT'S AUTHORIZATION

Applicant's full name _____

Name of employer to whom application is being submitted: **BIG TEX SELF STORAGE**

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 regarding my work habits and skills from my past and present employers, as well as listed or developed references or institutions;

obtain information from law enforcement and other governmental agencies, military authorities, and private companies concerning my conduct, including traffic and criminal violations;

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

obtain information concerning my credit history from credit reporting agencies, financial institutions, and other sources.

I understand that I may be asked to sign a separate authorization form prior to any testing for illegal drugs. I understand that if I receive a conditional offer of employment, I may be asked to sign a separate authorization form prior to any job-related medical examination.

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. Under the federal Fair Credit Reporting Act, I understand that I am entitled to know if employment is denied because of information obtained by Employer from a consumer reporting agency. I understand that I will be so advised and given the name of the reporting agency for more information. 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 Printed Name

Applicant's Signature

Present Street Address

Social Security Number

(This information will be used only for background & credit checks)

City/State/Zip

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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 will result in rejection of my application or will result in termination of my employment whenever discovered.

I understand that I may be asked to take job-related written tests and skill tests (if applicable) for the position for which I am applying. If I refuse to be tested, I understand that I will not be further considered for employment.

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.

Before or 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.

I understand that I may be asked to have a job-related medical examination performed by a medical practitioner who is chosen and paid for by Employer if I receive a conditional offer of employment. The results of such examination will be communicated to Employer or its agents. I understand that I will not be further considered for employment if I refuse to submit to such job-related medical examination.

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 verification of my right to live and work in the United States.

If I am actually employed, I agree to abide by Employer's rules, procedures, and policies as modified from time to time, including any drug-free workplace policies if I am employed. I have been informed that the job being applied for requires reliable attendance and dependable performance during the contemplated working hours. 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.

Date _____

Applicant's signature _____

Applicant's printed name _____