

South Point Storage

Application for Maintenance

Full Name: _____
FIRST MIDDLE LAST SUFFIX(JR,SR,II,IV)

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail: _____

Driver's license # & State: _____ Wage Requirements: _____

Are you legally allowed to work in the United States? Yes No

Have you ever pleaded guilty, no contest, or been convicted of a crime? Yes No

If yes, please give dates and details: _____

Can you lift up to 40 lbs? Yes No Are you a "people" person? Yes No

Do you have a high school diploma? Yes No

Do you have any specific jobs skills that would help you here? Yes No

If yes, please explain: _____

Is there any reason you would not be able to perform all the functions of this job?

yes no If yes, please explain: _____

How many employers have you had in the last 5 years? _____

Have you ever been dismissed, discharged, or asked to resign , by any previous employer? Yes No If yes, please explain: _____

Can you work 9am – 5pm, Monday through Friday? YES NO SOMETIMES

Can you ever work after 5pm? YES NO SOMETIMES

Can you ever work weekends? YES NO SOMETIMES

What trades describe the majority of your past work? And what is your skill level ?

(circle all that apply)

Basic Carpentry	weak	average	above average
Basic Plumbing	weak	average	above average
Basic Electric	weak	average	above average
Tile	weak	average	above average
Painting	weak	average	above average
Drywall	weak	average	above average
Remodeling	weak	average	above average
General Handyman	weak	average	above average

EMPLOYMENT RECORD

Employer: _____ Address: _____ City, State, Zip: _____ Phone: _____ Your job title: _____ Supervisor: _____ Did you receive any written discipline? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: _____ Did you voluntarily resign? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you give the required notice? <input type="checkbox"/> Yes <input type="checkbox"/> No Specific Reason for leaving: _____ Are you eligible for rehire? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;"><u>Date Employed:</u></p> From (mm/yr): _____ To (mm/yr): _____ <input type="checkbox"/> Salary Employee <input type="checkbox"/> Hourly Employee <p style="text-align: center;"><u>Final or current pay:</u></p> \$ _____ (Do not leave blank)	<p style="text-align: center;"><u>Summary of Work Performed</u></p>
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Have you ever been convicted of a felony offense? YES NO
Have you ever been convicted of a misdemeanor offense? YES NO
Do you have any pending misdemeanor or felony offenses? YES NO
Have you ever been convicted of a driving offense? YES NO
Have you ever threatened or committed an act of violence, harassment, or discrimination against a fellow employee, customer, or any other person? YES NO

If you answered "YES" to ANY of the above, Please explain Why, and What the circumstances were:

REFERENCES

Name
Company Business/Personal?
Title
Years Known
Phone Number

Name
Company Business/Personal?
Title
Years Known
Phone Number

Driving Record

Do you have a valid driver's license? __ Yes __ No
Number and State : _____ Exp Date _____

Have you ever had your driver's license revoked? __ Yes __ No

Have you ever been denied auto insurance? __ Yes __ No

List any restrictions :

_____ I certify that the answers given by me to the questions in this application, and statements made by me, are complete and true to the best of my knowledge and belief. I understand that any false information, material omissions or misrepresentations of facts requested in this application may result in rejection of my application, and termination at any time during my employment.

_____ I certify that I am not a current user of illegal drugs.

Signature: _____ Date: _____