

South Point Storage

Must be at least 21 years old

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

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ E-mail: _____

Driver's license # & State: _____

Are you legally allowed to work in the United States? __Yes __No

Have you ever plead guilty, no contest, or been convicted of a crime or have pending allegations against you? __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

Are you detailed oriented? __Yes __No Can you type well? __Yes __No

Are you good at money & basic math? __Yes __No Can you multitask? __Yes __No

Can you use a 10-key number pad well? __Yes __No Are you organized? __Yes __No

Are you proficient in Excel? __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: _____

Have you ever been dismissed from a job __Yes __No If yes, please explain: _____

EMPLOYMENT RECORD

Employer: _____ City, State: _____ 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	<u>Date Employed:</u> From (mm/yy): _____ To (mm/yy): _____ <input type="checkbox"/> Salary Employee <input type="checkbox"/> Hourly Employee <u>Final or current pay:</u> \$ _____ (Do not leave blank)	<u>Summary of Work Performed</u>
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BUSINESS REFERENCES

Name: _____ Company: _____ Title: _____ Years Known: _____ Phone Number: _____	Name: _____ Company: _____ Title: _____ Years Known: _____ Phone Number: _____
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Driving Record

Do you have a valid driver's license? ☐ Yes (Number and State : _____) ☐ No

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

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

List any moving violations in the last 3 years that you pled guilty/paid fine: (Example would include auto accidents, speeding, reckless driving, driving under the influence, etc.)

Date: _____ Type: _____

Date: _____ Type: _____

Date: _____ Type: _____

I certify that my answers are true and completed to the best of my knowledge. I voluntarily allow South Point Storage to check my driving record, credit and background as well as my references by contacting any person who they deem to be an appropriate reference.

Signature: _____ Date: _____