



Application for Employment - STORAGE INVESTMENT MANAGEMENT, INC.

Our policy is to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, ancestry, physical or mental handicap or veteran status.

PERSONAL INFORMATION

Name: _____

Home Address: _____
Number Street Apt. No. City State Zip

How Long?: _____ Day Phone: (____) _____ Evening Phone: (____) _____

Cell Phone: (____) _____ Email Address: _____

Best Time to Call: _____

Are you a US citizen or authorized by INS to work? [] Yes [] No

Have you ever been convicted of a felony or misdemeanor?: [] Yes [] No

If yes, please explain: _____

EMPLOYMENT DESIRED

Have you ever applied for employment here?: [] Yes [] No

When?: _____ Where?: _____

Have you ever been employed by this company?: [] Yes [] No

When?: _____ Where?: _____

Are you presently employed? [] Yes [] No

May we contact your present employer? [] Yes [] No

Are you available for full-time work? [] Yes [] No

Are you available for part-time work? [] Yes [] No

What days/times are you willing to work (check all that apply):

Weekdays [] Nights [] Overtime [] Weekends [] Holidays []

Will you relocate? [] Yes [] No

Are you willing to travel? [] Yes [] No If so, what %?: _____ How far? _____

Desired position: _____ Location: _____
(Street) (City)

Date you can start: _____ Desired starting salary: _____

Please list applicable skills: _____

EDUCATION

SCHOOL	LOCATION	MAJOR	DEGREE	GRADE AVERAGE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any scholastic honors received and offices held in school: _____

Are you planning to continue your studies? [] Yes [] No If yes, full or time part?: _____

If yes, where and what courses of study?: _____

MILITARY

Branch of Service: _____

Service Number: _____

Active Duty From/To Dates: _____

Rank at discharge: _____

Are you in the Reserve or National Guard?: [] Yes [] No

PROFESSIONAL QUALIFICATIONS

Professional Affiliations: _____

Foreign Languages (write, speak, read): _____

REFERENCES

Please list four references preferably former supervisors or professors, who are familiar with your qualifications, whom we may have your permission to contact.

Name: _____ Name: _____

Address: _____ Address: _____

Phone number: _____ Phone number: _____

Relationship: _____ Relationship: _____

Name: _____ Name: _____

Address: _____ Address: _____

Phone number: _____ Phone number: _____

Relationship: _____ Relationship: _____

WORK EXPERIENCE

Please list employment for the past 10 years, starting with the most recent employment (use an additional sheet if necessary)

Company Name: _____

Address: _____

Job Title: _____

Responsibilities: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

Company Name: _____

Address: _____

Job Title: _____

Responsibilities: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

(Continued on page 4)

Company Name: _____

Address: _____

Job Title: _____

Responsibilities: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

Anything else we should know?: _____

Referred by: Newspaper Employee Friend Agency

By signing below, I authorize Storage Investment Management, Inc., or its subsidiaries or assign to obtain information regarding my employment and education record from former employers, school officials and persons named in this application. I release all concerned from any liability in connection therewith.

If employed by Storage Investment Management, Inc., I understand that such employment is subject to (1) the policies and regulations of Storage Investment Management, Inc. and (2) I will submit document proof of US citizenship or alien status, as required.

I understand that Storage Investment Management, Inc. is a drug-free company and that I may be required to pass a drug screening as a condition of employment. I further agree to submit to a background check and aptitude testing. By signature below, I acknowledge my cooperation and agreement to random skill testing phone calls and recordings for internal SIMI use. You reserve the right to hear any and all calls that are recorded. The recordings remain the property of Storage Investment Management, Inc.

I further understand that any false statements or misrepresentations made by me on this application or any supplement thereto will be sufficient grounds for immediate discharge.

Signature: _____ Date: _____