

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, 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:

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

Permanent address (if any)

Street Address or P.O. Box City State ZIP

Present work phone (_____) Personal phone (_____) SS # _____

(Note: this SSN information will be used only to facilitate background and credit checks)

Have you worked for us before? yes no.

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

Do you have relatives in our line of business in Oklahoma? yes no.

If yes, list their names and their employer(s) _____

Do you have relatives currently in our employment? 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? _____

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) _____

Have you served in the United States military? yes no. If yes, state dates of service

Have you ever been subject to judicial punishment under the Uniform Code of Military Justice? yes no.
 Highest rank held _____ Rank at time of discharge _____
 Nature of duty or training _____

Are you or have you ever been engaged in illegal use of drugs (such as marijuana, cocaine, heroin, crack, speed, LSD, etc.)?
 yes no.

Are you willing to be tested for illegal use of drugs? yes no.

May we see your driver's license or ID card to verify your identity? yes 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.)

EDUCATION. Name and location of school, How many years, Did you graduate, What degree(s) received or subject(s) studied?

Grade school _____

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 or disability) _____

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	From what state agency	Date issued	License certification
_____	_____	_____	_____
_____	_____	_____	_____

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.) _____

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? yes 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. An extra page is or is not attached for that purpose. You may be asked to obtain verification of any criminal record.

Year	Location (city and state)	Type of crime (theft, assault, etc)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you on probation or parole for any conviction at the present time? yes no.
 If yes, please specify _____

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 SRU Employee 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 _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving _____

Next previous employer

Employer's name _____ Phone (_____) _____

City/State _____ From _____ to _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ Supervisor's name _____

Reason for leaving _____

Next previous employer

Employer's name _____ Phone (_____) _____

City/State _____ From _____ to _____

Position and duties _____

Salary (beginning) \$ _____ (ending) \$ _____ 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

DRIVING RECORD. If you are applying for a position which involves driving on the job, please answer the following questions. Can you drive a vehicle safely? yes no. Do you have a valid, unexpired driver's license? yes no. If yes, please state your current driver's license number _____ Expiration date _____ Issuing state _____

State all restrictions listed on your driver's license _____ Has your driver's license ever been revoked or suspended? yes no. If yes, please explain _____

List all traffic violations (other than parking tickets) for which you were convicted during the past five years. Employer may have this information verified by independent sources.

Year	Violation	City and State

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

Name	City and State	Phone	Occupation	Known
		()		
		()		
		()		

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)

MEDICAL EXAM AND DRUG TESTS. Reliable attendance and dependable performance during the contemplated work hours is required. Before or after any offer of employment is made, you may be asked to take a test for illegal use of drugs. You may be asked to take a job-related medical examination if a conditional offer of employment is made.

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 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.

Present Driver's License Number

State Issuing Above Driver's License

Applicant's Printed Name

Social Security Number
(This information will be used only to facilitate background and credit checks)

Present Street Address

City/State/ZIP Code

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.

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 _____

Secure fax to:

Storage R Us HR

1-888-570-7758

Or

SRU@Storage-R-Us.net