



SAFETY STORAGE® INC.

855 N. 5th Street
 Charleston, IL 61920
 217/345-4422 FAX: 217/345-4475
<http://www.safetystorage.com>

PLEASE TYPE OR PRINT
 FILL IN ALL AREAS COMPLETELY

EMPLOYMENT APPLICATION

FOR POSITION 1.		FOR POSITION (INDICATE DEPARTMENT) 2.			
SAFETY STORAGE IS AN EQUAL OPPORTUNITY EMPLOYER. FACTS RELATING TO YOUR RACE, COLOR, RELIGION, NATIONAL ANCESTRY, PHYSICAL OR MENTAL DISABILITY, VETERAN STATUS, SEXUAL ORIENTATION, SEX, OR AGE ARE NOT USED IN DETERMINING YOUR QUALIFICATIONS FOR EMPLOYMENT.					
LAST NAME		FIRST		MIDDLE	TODAY'S DATE
SOCIAL SECURITY NUMBER	HOME PHONE	WORK PHONE	MESSAGE PHONE	REFERRED TO SAFETY STORAGE, INC.	
CURRENT ADDRESS	CITY	STATE	ZIP CODE	HOW LONG YRS. MOS.	
PREVIOUS ADDRESS	CITY	STATE	ZIP CODE	HOW LONG YRS. MOS.	
Do you have the legal right to work in the U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO In accordance with the Immigration Reform and Control Act of 1986, proof of employment eligibility and identification will be required.					
ARE YOU WILLING TO WORK <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Nights <input type="checkbox"/> Weekends <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> On Call			ARE YOU WILLING TO ACCEPT TEMPORARY WORK? <input type="checkbox"/> No <input type="checkbox"/> 60 Days <input type="checkbox"/> 90 Days		
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN WHEN, WHERE AND DISPOSITION OF CASE			
Exclude convictions for marijuana-related offenses more than two years old, convictions that have been sealed, expunged or legally eradicated; and misdemeanor convictions for which probation was completed and the case was dismissed.		Safety Storage will not deny employment to any applicant solely because the person has been convicted of a crime. Safety Storage however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.			
Do you have a relative working for Safety Storage Inc.?		If yes, give name and location.			
Do you have a high school diploma, a G.E.D. or a California High School Proficiency Certificate? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Check highest level of education completed:					
<input type="checkbox"/> some high school		<input type="checkbox"/> vocational program		<input type="checkbox"/> college graduate	
<input type="checkbox"/> high school graduate or equivalent		<input type="checkbox"/> some college		<input type="checkbox"/> some graduate work	
		<input type="checkbox"/> jr. college graduate		<input type="checkbox"/> graduate degree	
For highest degree/diploma received, fill in the following:					
School Name and Address			Major	Degree Received	
WORD PROCESSING	NET TYPING	PC PROGRAM PROFICIENCY E.G., EXCEL, WORD, ETC.			
OTHER MACHINES OPERATED					
FOREIGN LANGUAGE	SPEAK	READ	WRITE	SCHOLASTIC/PROFESSIONAL HONORS	
	<input type="checkbox"/> FLUENTLY <input type="checkbox"/> ADEQUATELY <input type="checkbox"/> A LITTLE	<input type="checkbox"/> FLUENTLY <input type="checkbox"/> ADEQUATELY <input type="checkbox"/> A LITTLE	<input type="checkbox"/> FLUENTLY <input type="checkbox"/> ADEQUATELY <input type="checkbox"/> A LITTLE		
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AMERICAN SIGN LANGUAGE	<input type="checkbox"/> FLUENTLY <input type="checkbox"/> ADEQUATELY <input type="checkbox"/> A LITTLE				

DATES EMPLOYED	LIST LAST EMPLOYER FIRST	JOB DESCRIPTION	RATE OF PAY	REASON FOR LEAVING
FROM MONTH YEAR	NAME OF EMPLOYER	TITLE	START	
	STREET ADDRESS	DUTIES		
TO MONTH YEAR	CITY, STATE, ZIP	AVG# OF HOURS/WEEK	LAST	
	TELEPHONE	NAME OF SUPERVISOR		
FROM MONTH YEAR	NAME OF EMPLOYER	TITLE	START	
	STREET ADDRESS	DUTIES		
TO MONTH YEAR	CITY, STATE, ZIP	AVG# OF HOURS/WEEK	LAST	
	TELEPHONE	NAME OF SUPERVISOR		
FROM MONTH YEAR	NAME OF EMPLOYER	TITLE	START	
	STREET ADDRESS	DUTIES		
TO MONTH YEAR	CITY, STATE, ZIP	AVG# OF HOURS/WEEK	LAST	
	TELEPHONE	NAME OF SUPERVISOR		
FROM MONTH YEAR	NAME OF EMPLOYER	TITLE	START	
	STREET ADDRESS	DUTIES		
TO MONTH YEAR	CITY, STATE, ZIP	AVG# OF HOURS/WEEK	LAST	
	TELEPHONE	NAME OF SUPERVISOR		

EXPLAIN ANY PERIODS OF UNEMPLOYMENT OVER SIX MONTHS.

IF PRESENTLY EMPLOYED, MAY WE CONTACT YOUR EMPLOYER? YES NO

HAVE YOU EVER WORKED UNDER ANOTHER NAME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT NAME(S)	WHICH COMPANY OR ORGANIZATION?
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NAME 3 PERSONS NOT RELATED TO YOU WHO CAN ATTEST TO YOUR EXPERIENCE AND QUALIFICATIONS.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NO.	OCCUPATION

Do you have the ability (with a reasonable accommodation if necessary) to perform the functions related to the job for which you are applying?
 YES NO

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification or misrepresentation of this information is grounds for dismissal in accordance with the policies of Safety Storage Inc. I authorize all former employers, schools (professional and vocational) and persons listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you. I understand that employment is also contingent upon passing a physical examination and drug screening. I agree to conform to the rules, regulations, policies and procedures of Safety Storage, Inc., and understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time at the option of either the company or myself.

SIGNATURE

DATE SIGNED



Please read carefully, initial in the box by each paragraph and sign below

- I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.
- I hereby authorize Safety Storage, Inc. to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.
- I understand that nothing contained in the application or conveyed during any interview, which may be granted during my employment, if hired, is intended to create an employment contract between the company and me. My employment is at will. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative. If selected for employment, I agree to conform to the rules, regulations, policies and procedures of Safety Storage, Inc. I further understand that, if selected for employment, the company may change wages, benefits, and conditions at any time.
- I hereby agree to submit to any drug/alcohol test required of me, whether prior to my employment or if employed by this company at any time thereafter. I understand that employment is contingent upon passing a physical examination and drug screening.
- I understand and expressly agree that if employed by this company, storage areas provided for me (locker, computer files, desk, etc.) are open to investigation or search by the company without prior notice to me.
- I authorize Safety Storage, Inc., if applicable, to request a copy of my credit report, motor vehicle driving record, and any other investigative report deemed necessary. Should a search of public records (including records documenting an arrest, indictment, conviction, civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by Safety Storage, Inc. upon request, I am entitled to copies of any such public records obtained by the company unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of such records, upon request within a reasonable amount, even though I have checked the box below.
- I waive receipt of a copy of any public record described in the paragraph above.

Date

Applicant's Signature



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AUTHORIZATION TO RELEASE INFORMATION

I authorize Safety Storage, Inc. to contact all former employers, schools (professional and vocational) and persons as listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for damage that may result from furnishing same to you.

Signature

Date

VOLUNTARY SELF-IDENTIFICATION FORM

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. Safety Storage, Inc. is subject to Title VII of the Civil Rights Acts of 1964, Executive Order 11246, Section 503 of the Rehabilitation Act 1973 and Section 402 of the Vietnam Veterans Readjustment Act of 1974. In order to comply with these laws, we invite applicants to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____ Position Applied for: _____

Signature: _____ Date: _____

_____ I understand the reason for this request for voluntary self-identification as stated above and choose to decline.

_____ I understand the reason for this request for voluntary self-identification as stated above and have opted to complete this form.

Gender: _____ Male _____ Female

Race/Ethnicity:

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ Yes _____ No

If you answered ***no*** to the question above, please select the appropriate designation below:

_____ **White** (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American** (Not Hispanic or Latino): A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian** (Not Hispanic or Latino): A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaskan Native** (Not Hispanic or Latino): A person having origins in any of the original peoples of North or South American (including Central America), and who maintain tribal affiliations or community attachment.

_____ **Two or more Races** (Not Hispanic or Latino): All persons who identify with more than one of the above five races.