



# APPLICATION FOR EMPLOYMENT

**602 SWB LLC dba Hillsboro West Self Storage (“Company”)**

Today’s Date: \_\_\_\_\_

Position Applied For: \_\_\_\_\_

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.

PERSONAL					
<b>FULL NAME:</b>	FIRST	MIDDLE	LAST	PREFERRED FIRST NAME:	
<b>– PLEASE PROVIDE ALL ADDRESSES WITHIN THE PAST THREE YEARS, BEGINNING WITH YOUR MOST RECENT RESIDENCE –</b>					
<b>PRESENT ADDRESS:</b>	STREET	CITY	STATE	ZIPCODE	HOW LONG? TELEPHONE NUMBER:
<b>PREVIOUS ADDRESS:</b>	STREET	CITY	STATE	ZIPCODE	HOW LONG? TELEPHONE NUMBER:
<b>PREVIOUS ADDRESS:</b>	STREET	CITY	STATE	ZIPCODE	HOW LONG? TELEPHONE NUMBER:
PERMANENT ADDRESS, IF DIFFERENT FROM ABOVE:			MAIDEN/OTHER NAMES USED		
ARE ANY OF YOUR RELATIVES EMPLOYED WITH THE COMPANY? (A YES ANSWER WILL NOT NECESSARILY ELIMINATE YOU FROM CONSIDERATION) <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, NAME OF RELATIVE:		RELATIONSHIP:		WHICH LOCATION:	
HAVE YOU EVER WORKED FOR THE COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO					
IF YES, AT WHICH LOCATION:		APPROXIMATE DATE:		WHAT WAS YOUR POSITION:	
REASON FOR LEAVING:					
HOW WERE YOU REFERRED TO THE COMPANY?					

## EDUCATION

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	CIRCLE LAST YEAR ATTENDED	MAJOR SUBJECT	GRADUATED	DEGREE
HIGH SCHOOL		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
ASSOC		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE SCHOOL OR OTHER		1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO	

## EMPLOYMENT

ARE YOU CURRENTLY EMPLOYED?  YES  NO

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?  YES  NO

IF YOU ARE NOT CURRENTLY EMPLOYED, HOW LONG HAS IT BEEN SINCE LEAVING YOUR LAST EMPLOYER?

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**- PLEASE PROVIDE PREVIOUS EMPLOYMENT HISTORY, BEGINNING WITH YOUR MOST RECENT OCCUPATION -  
DRIVER APPLICANTS MUST PROVIDE TEN YEARS OF EMPLOYEMENT HISTORY. PLEASE USE AN EXTRA PIECE OF PAPER, IF NEEDED.**

NAME OF COMPANY:	EMPLOYMENT START DATE:	DESCRIBE YOUR POSITION AND DUTIES (INCLUDE TITLE):	REASON FOR LEAVING:
	MONTH / YEAR		
ADDRESS OF COMPANY:			
CITY, STATE, ZIP CODE:	EMPLOYMENT END DATE:		
PHONE NUMBER:	MONTH / YEAR		
TYPE OF BUSINESS:			
NAME AND TITLE OF IMMEDIATE SUPERVISOR:			
EXPLAIN ANY PERIODS BETWEEN JOBS (IF ANY):			

NAME OF COMPANY:	EMPLOYMENT START DATE: MONTH / YEAR	DESCRIBE YOUR POSITION AND DUTIES (INCLUDE TITLE):	REASON FOR LEAVING:
ADDRESS OF COMPANY:			
CITY, STATE, ZIP CODE:	EMPLOYMENT END DATE: MONTH / YEAR		
PHONE NUMBER:			
TYPE OF BUSINESS:			
NAME AND TITLE OF IMMEDIATE SUPERVISOR:			

EXPLAIN ANY PERIODS BETWEEN JOBS (IF ANY):

NAME OF COMPANY:	EMPLOYMENT START DATE: MONTH / YEAR	DESCRIBE YOUR POSITION AND DUTIES (INCLUDE TITLE):	REASON FOR LEAVING:
ADDRESS OF COMPANY:			
CITY, STATE, ZIP CODE:	EMPLOYMENT END DATE: MONTH / YEAR		
PHONE NUMBER:			
TYPE OF BUSINESS:			
NAME AND TITLE OF IMMEDIATE SUPERVISOR:			

EXPLAIN ANY PERIODS BETWEEN JOBS (IF ANY):

HAVE YOU EVER BEEN DISCHARGED FROM ANY EMPLOYMENT OR FORCED TO RESIGN?  YES  NO

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

## GENERAL INFORMATION

LIST BUSINESS AND PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE A MEMBER (OMIT THOSE INDICATING RACE, CREED, SEX, AGE, HANDICAP, NATIONAL ORIGIN OR OTHER PROTECTED GROUP):

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB(S) THAT YOU ARE APPLYING FOR? (PLEASE REFER TO THE SPECIFIC LIST OF JOB REQUIREMENTS FOR THE POSITION)

YES     NO

IF THERE ARE ANY REASONS YOU MIGHT BE UNABLE TO PERFORM THE FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING FOR, PLEASE EXPLAIN: \_\_\_\_\_

EXPECTED WAGE:	DATE AVAILABLE FOR WORK:	ARE YOU AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> OVERTIME
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IF YOU ARE UNDER 18, CAN YOU SUPPLY PROOF OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU 21 YEARS OR OLDER (ONLY APPLICABLE FOR DRIVERS)? <input type="checkbox"/> YES <input type="checkbox"/> NO
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ARE YOU AVAILABLE TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
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PLEASE CHECK PREFERRED SCHEDULE AND FILL OUT THE WEEKLY CALENDAR BELOW:

FULL TIME     PART TIME, BECAUSE OF: \_\_\_\_\_

HOURS AVAILABLE:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Enter "X" if no restrictions:							
I am available to work from:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

## BUSINESS REFERENCES

NAME:	OCCUPATION:
ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	RELATIONSHIP TO THIS PERSON:
NAME:	OCCUPATION:
ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	RELATIONSHIP TO THIS PERSON:
NAME:	OCCUPATION:
ADDRESS:	PHONE NUMBER:
CITY, STATE, ZIP CODE:	RELATIONSHIP TO THIS PERSON:

**NOTIFICATION AND AGREEMENT**

**- PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS SECTION -**

The company is committed to equal employment opportunity in all of its employment practices. Decisions involving every aspect of the employment relationship are made without regard to an employee's race, color, creed, religion, sex, age, national origin, marital status, veteran status or any other status or characteristic protected under applicable state or federal law, unless it is a bona fide occupational requirement necessary to the normal operation of the business.

Only those applications that are signed and dated are considered valid. If you have any questions regarding this statement, please ask them before signing. Your application will be given every consideration, but its receipt does not imply that you will be employed.

Certain positions at this company may not be held by persons convicted of certain crimes, but a conviction may not necessarily bar you from employment with this company.

Signature of this application gives the company the authority to run a Motor Vehicles Record report if applicable. Our insurance company may also run a report. If the job position that you are applying for constitutes driving a motor vehicle, it is imperative that a good driving record exists.

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I certify that all of the answers and statements that I have made on this application (and any other accompanying or required documents) are true and complete without omissions. I understand that any falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that my employment may be subject to the satisfactory results of any examination required by the company and hereby submit to said testing. I agree to conform to all rules and regulations of the company as they presently exist or are later modified. I recognize that my employment is at will and may be terminated at the discretion of the company or at my option, without notice, at any time, except as specifically set forth in writing in a current written agreement signed by the President of the company.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between the company or myself for employment for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in a current written agreement signed by the President of the company.

I acknowledge that I have read and understand and agree with the above. In addition, I hereby authorize any of the persons of organizations named in this application (or other accompanying or required documents) to give you complete information and records regarding my employment, education, character and qualifications. This application is valid for only sixty (60) days from the date signed. If I want to be considered for job openings more than sixty (60) days from date signed, I will submit a new application.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

**BINDING ARBITRATION AGREEMENT**

**- PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS SECTION -**

Except as provided below, any dispute or claim which arises out of or in any way relates to your employment with the company shall be resolved by binding arbitration in accordance with the then effective rules of the American Arbitration Association by filing a claim in accordance with the filing rules of the organization selected.

Examples of disputes and claims which are subject to binding arbitration include, but are not limited to, the following:

- ♦ Wage claims
- ♦ Civil rights discrimination claims (race, national origin, sex, age, religion, disability, marital status, etc.)
- ♦ Claims of wrongful discharge and other tort claims (defamation, invasion of privacy, etc.)
- ♦ Claims of breach of employment contracts

Disputes or claims that are governed by the workers' compensation laws of Oregon (Oregon revised statues chapter 656) are not subject to this binding arbitration. Likewise, claims subject to a grievance arbitration provision of a collective bargaining agreement are not subject to this binding arbitration.

In binding arbitration, one person typically serves as the arbitrator. The arbitrator resolves the dispute or claim. Neither you nor the company are entitled to have a jury resolve the dispute or claim in binding arbitration. After the arbitration makes a decision on the claim or dispute involved, the judgment upon the award shall be entered in any court having jurisdiction. The arbitrator's decision is final and binding on all parties.

Select one of the following options:

- I understand and agree to binding arbitration regarding the disputes and claims described above.
- I do not agree to binding arbitration regarding the disputes and claims described above.

In the event you do agree to binding arbitration, any dispute or claim arising out of your employment that the company may have against you will also be subject to binding arbitration, as described above. This authorization can only be withdrawn in writing. Written withdrawals must be submitted to the Human Resource Department and will be effective for disputes arising after the Human Resource Department receives a written withdrawal.

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

