

# Centron Self Storage Inc. Employment Application

## PERSONAL INFORMATION

NAME (First)	(Middle Initial)	(Last)	Social Insurance Number.
Home Address	City	Province	Postal
Home Telephone	Business Telephone	May we contact you at work? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Position Applying For: _____			
Date Available: _____ Are you interested in (check all that apply) Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>			
How were you referred to Centron ?			

## EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	DEGREE/ AREA OF STUDY	NUMBER YEARS ATTENDED	GRADUATED (Check One)	
High School		Secretarial and College prep		Yes <input type="checkbox"/>	No <input type="checkbox"/>
University		Advertising/Sales Merchandising course		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other				Yes <input type="checkbox"/>	No <input type="checkbox"/>

## SKILLS Check All That Apply

<input type="checkbox"/>	Basic Computer Skills (pre-employment tests will be performed) Microsoft Word, Microsoft Excel, Spread sheets, Internet, email etc.
<input type="checkbox"/>	Typing WPM _____
	<input type="checkbox"/> 10-Key <input type="checkbox"/> By Touch <input type="checkbox"/> By Sight
<input type="checkbox"/>	Previous Storage Experience (Please List)

## LEGAL

Were you ever discharged by any company?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give name of company(ies) _____
Reason for Discharge	_____
Have you ever been convicted of a crime, or entered into any diversion agreement related to a crime other than a minor traffic violation?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain offense and final disposition: _____

**REFERENCES** Work references, please do not list friends. Please indicate if you were employed under a different name (i.e., maiden name)

NAME	ADDRESS	WORK PHONE #	TITLE	YEARS KNOWN

**EMPLOYMENT HISTORY** List employment starting with your most current position

DATES	NAME AND ADDRESS OF EMPLOYER	POSITION HELD & SUPERVISOR	SALARY or WAGES	REASON FOR LEAVING
From: ____/____ Month Year		Your Job Title: _____		
From: ____/____ Month Year		Your Job Title: _____		
From: ____/____ Month Year		Your Job Title: _____ Z		
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**Please Read Carefully**

In submitting this application for employment, I understand that an investigation may be made whereby information is obtained regarding my character, previous employment, general reputation, educational background, credit record, driving record and/or criminal history. I authorize anyone possessing this information to furnish it to Centron Self Storage Inc. and/or a third party company upon request and I release anyone so authorized, Centron Self Storage Inc. and any third party company from all liability and damages whatsoever in furnishing, obtaining or using said information.

If I am employed by CentronSelf Storage Inc., I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules, regulations, policies and procedures of Centron Self Storage Inc.

Fax Number : 416.693.9441 Email: [manager@centronstorage.com](mailto:manager@centronstorage.com)

Applicant Signature	Date Signed
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