



NORTH COUNTRY STORAGE BARNs

Partnership Application

APPLICANT INFORMATION

Last Name _____ First _____ M.I. _____ Date _____

Street Address _____ Apartment/Unit # _____

City _____ State _____ ZIP _____

Phone _____ E-mail Address _____

Date Available _____ Social Security No. _____ Desired Salary _____

Position Applied for _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked with this company? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO If yes, explain _____

EDUCATION

High School _____ Address _____

From _____ To _____ Did you graduate? YES NO Degree _____

College _____ Address _____

From _____ To _____ Did you graduate? YES NO Degree _____

Other _____ Address _____

From _____ To _____ Did you graduate? YES NO Degree _____

REFERENCES

Please list three professional references.

Full Name _____ Relationship _____

Company _____ Phone (_____) _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone (_____) _____

Address _____

Full Name _____ Relationship _____

Company _____ Phone (_____) _____

Address _____

PREVIOUS EXPERIENCE

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

Company _____ Phone () _____
Address _____ Supervisor _____
Job Title _____ Starting Salary \$ _____ Ending Salary \$ _____
Responsibilities _____
From _____ To _____ Reason for Leaving _____

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch _____ From _____ To _____
Rank at Discharge _____ Type of Discharge _____
If other than honorable, explain _____

CERTIFICATION AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

Signature _____

Date _____