

Accountable Management Employment and Certification Application

Applicant(s) : _____ Date: _____

Complete each form below . If you need more space than provided, use the back of the form or make additional copies as needed and indicate what section you are responding to.

Enclosed are the following:

Character and Professional References Form

Each will be mailed a Confidential Reference Form to complete and return to Accountable Management.

Applicant Information Form – Part I & II

If any single area does not apply to you, place “N/A” in the space. (Not Applicable)

Self Storage Experience (Parts I, II, & III)

Work Experience Form (Non Storage Related)

Storage Employment History (Occupancy)

Personal Ideas Form

Personal and Professional Skill Form

Personal Statement Form

IMPORTANT:

Mail them back to:

Human Relations Administrator
Accountable Management & Realty, Inc.
25344 Wesley Chapel Blvd.
Lutz, Florida 33559

Date Applicant Received Packet _____ Date Mailed for Processing _____

Office use only: Date Received:

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Applicant Information Part I

Name	First	M.I.	Last
Address			
City		State	Zip
Phone		Email Address	
Language(s) Spoken:			
Have you been employed under any other name? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, identify			

Education

Name of School	Date and Years Completed	Certificate Diploma/Degree
High School		
College		
Graduate Studies		
Technical School		
Industry Related		

List Hobbies or Special Interests

We are an Equal Opportunity Drug Free Work Place.

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Applicant Information – Part II

POSITION	
Check one Position and one Term	
Position Applying for	Terms of preference:
<input type="checkbox"/> Residential Manager/Couple	<input type="checkbox"/> Long term – first available
<input type="checkbox"/> Residential Manager/Single	<input type="checkbox"/> Long term – new startup property
<input type="checkbox"/> Non-Resident Manager/Couple	<input type="checkbox"/> Long term – establish property
<input type="checkbox"/> Non-Resident Manager/Single	<input type="checkbox"/> Short term – first available
<input type="checkbox"/> Assistant Manager	<input type="checkbox"/> Short term – new startup property
<input type="checkbox"/> Other Please specify:	<input type="checkbox"/> Short term – receivership/turn over
LOCATION	
Check All Area(s) of Interest	
<input type="checkbox"/> Northern Florida	
<input type="checkbox"/> Central Florida	
<input type="checkbox"/> Southern Florida	
<input type="checkbox"/> East Coast	
<input type="checkbox"/> West Coast	
<input type="checkbox"/> No preference – anywhere an opportunity presents itself	
<input type="checkbox"/> Other Please specify: _____	
COMPUTER SKILLS	
Check All Area(s) you are familiar with and proficient at	
<input type="checkbox"/> Microsoft Excel	
<input type="checkbox"/> Microsoft Word	
<input type="checkbox"/> Microsoft Publisher	
<input type="checkbox"/> Winsen	
<input type="checkbox"/> Site Link	
<input type="checkbox"/> Sentinel	
<input type="checkbox"/> Internet / Computer Skills	
<input type="checkbox"/> Other Please specify: _____	

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Self Storage Experience Part I

Fill out a form for each self storage employment

Applicant Name:

Date

Name of Facility	Location (city & state)
Reference for Facility – Name & Phone Number	How Long (Dates of employment)? [] years From: To:
[] Resident or [] Non Resident	How many employees? []
Identify your title / position	
[] Management Team – Husband/Wife [] Management Team – Manager with an Assistant [] Management Team – Co-Managers [] Assistant Manager	[] Housekeeping/Maintenance [] Storage Facility Trainer [] Area Supervisor [] Other _____
Age of Store: [] 1-5 years [] 6 – 10 years [] 11-15 years [] 16 and over [] New Startup/new Phase [] Don't Know	Check all that apply: [] Non Air Conditioning [] Air Conditioning [] Climate Control [] Temperature Control [] Multi Story [] Mixed Use [] Specialty
Actual Number of Units _____	
Number of Units: [] Under 500 Units [] 500 to 999 Units [] 1000 to 1499 Units [] 1500 to 1999 Units [] 2000 and over	
Check all that apply to this facility.	
[] Art Storage [] Business Center [] Commercial Offices [] Document Storage [] Industrial Units [] Fur / Cold Storage [] Stairs, elevators, lift	[] Outside Parking [] Retail Sales as boxes & packing / Mail Boxes [] Trucks/Vehicles [] Wine Storage [] Warehouse [] Car Wash [] Other _____
Check & circle all that apply and add any other things unique to this facility.	
[] Marquee Reader Board [] Accepted Deliveries [] Fire system/Fire extinguishers [] Fax / Copy Machine / Service [] Accepted Credit Cards [] Email/ Internet Access/Web Site [] Employee Uniforms [] Packing & Shipping [] Golf cart / Maintenance cart [] Two way radio/ CB communication [] One line with Call waiting [] Dumpster [] Uniforms [] Name Tag [] Cylinder Lock System [] Padlock System [] Disk/Buflo Lock System	[] Manual or Electronic Gate System [] Slide or Vertical Gate (circle one) [] No Gate [] Housekeeping / Maintenance [] Phone Skill Checked [] Construction Project(s) [] Camera/video Surveillance /Recording [] Conducted lien sales [] Two phone lines [] Soda machines available to customers [] Stairs, elevator, lift [] Mail Boxes [] Other _____ [] Other _____

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Self Storage Experience Part II

Applicant Name: _____

Name of Management Company and immediate supervisor or manager	
How frequently did management company visit your store?	
Describe the nature/kind of visits:	
How frequently did owner visit your store?	
Briefly describe the type and kind of reporting (paperwork) that was required:	
Type of Owner? <input type="checkbox"/> Single Owner <input type="checkbox"/> Multiple Owners <input type="checkbox"/> Investment Group <input type="checkbox"/> Financial Institution <input type="checkbox"/> Corporation	
List all community / civic organizations and how you were actively involved during your employment with the above company	
Name of organization	How or in what manner involved (include time & frequency)
<p style="text-align: center;">DIRECT OUTSIDE MARKETING</p> Identify what kind of direct outside marketing techniques were used at this store used	
<p style="text-align: center;">MAINTENANCE & REPAIR</p> Advise of your experience in Maintenance & Repairs and number of hours per week performed:	

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Self Storage Experience Part III

CUSTOMER SERVICE

Explain any Special Customer Services that you have been involved

COLLECTIONS/PAST DUE ACTIVITIES

What type of collection/past due activities did you perform at this store and how many hours per week did you perform these duties?

MAJOR FIRE / SEVERE WEATHER DAMAGE

Did you experience any major fire or severe weather damage to the store? [] No [] Yes
If Yes, please explain

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Personal Ideas

Applicant Name: _____

FACILITY

Describe your ideal facility and its preferred location: _____

HOT BUTTONS

Describe those things that upset or irritate you: _____

INSPIRATION

Describe those things that inspire you: _____

ADDITIONAL REASONS

Give any additional information that would make Accountable Management want to hire you:

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Work Experience

Complete this form for each non-self storage related employment for the past 3 years.

ApplicantName:

Date:

Name of Company	
Address	
Name of Supervisor	Phone #:
Job Title	
Basic Description of Responsibilities:	
Describe how you used the telephone with this employment.	
Did you work alone or with someone or a group? Please explain.	
Describe the kind of paperwork or reports that were your responsibility.	
What kind of meetings did you have to attend? Describe	
Describe the training workshops, seminars, etc you received during your employment with this company	
Employed from	to
Reason for leaving	

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PERSONAL STATEMENT

Name: _____

Please compose a brief summary explaining your interest in the Self Storage industry and working for **Accountable Management**:

Applicant's Signature _____ Date _____

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PERSONAL AND PROFESSIONAL SKILL

Applicant: _____

Describe both personal and professional skills that you believe are of value to the position to which you are applying (for example, coaching, group leader, office machines, typing, computer skills, computer programs (i.e. Microsoft Office, Excel, WordPerfect, ,etc.).

PERSONAL

PROFESSIONAL

Applicant's Signature _____ Date _____

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PROFESSIONAL REFERENCES

Applicant: _____ Date: _____

Applicant is to list names for character and professional references who are not family related.

Each will be mailed a confidential reference form to complete and mail back to Accountable Management.

**PRESENT EMPLOYER (if okay to call):
A supervisor you worked under**

Name _____ Relation _____

Address _____

City/State/Zip _____

Home _____ Business Phone _____

Date Sent:	Date Received:	Recommendation:	HIRE	NOT
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**PREVIOUS EMPLOYER:
A supervisor you worked under**

Name _____ Type of Business _____

Address _____

City/State/Zip _____

Home _____ Business Phone _____

Date Sent:	Date Received:	Recommendation:	HIRE	NOT
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VENDOR OR CUSTOMER

Name _____ Vendor or Customer (circle one)

Address _____

City/State/Zip _____

Home _____ Business Phone _____

Date Sent:	Date Received:	Recommendation:	HIRE	NOT
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Signature of Applicant _____ Date _____

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Work Experience

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Date:

Name of Company
Address
Name of Supervisor
Job Title
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What kind of meetings did you have to attend? Describe
Describe the training workshops, seminars, etc you received during your employment with this company
Employed from _____ to _____
Reason for leaving

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Describe the training workshops, seminars, etc you received during your employment with this company
Employed from _____ to _____
Reason for Leaving: