

Advantage Consulting & Management, LLC - 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 Advantage Consulting 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
Advantage Consulting & Management, LLC
7577 Central Parke Blvd., Suite 303
Mason, OH 45040

Office: 513-229-0400 Fax: 513-229-0468

Date Applicant Received Packet _____ Date Mailed for Processing _____

Office use only: Date Received:

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? [] No [] 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

| |
|--|
| |
| |
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| |

We are an Equal Opportunity Drug Free Work Place.

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

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) |
| | |
| | |
| | |
| DIRECT OUTSIDE MARKETING | |
| Identify what kind of direct outside marketing techniques were used at this store used | |
| MAINTENANCE & REPAIR | |
| Advise of your experience in Maintenance & Repairs and number of hours per week performed: | |

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

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 Advantage Consulting Mgt. 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

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

Applicant's Signature _____ Date _____

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 _____

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 Advantage Consulting 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 |
|------------|----------------|-----------------|------|-----|

**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 |
|------------|----------------|-----------------|------|-----|

VENDOR OR CUSTOMER

Name _____ Vendor or Customer (circle one)

Address _____

City/State/Zip _____

Home _____ Business Phone _____

| | | | | |
|------------|----------------|-----------------|------|-----|
| Date Sent: | Date Received: | Recommendation: | HIRE | NOT |
|------------|----------------|-----------------|------|-----|

Signature of Applicant _____ Date _____

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Work Experience

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ApplicantName:

Date:

| |
|--|
| Name of Company |
| Address |
| Name of Supervisor |
| 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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ApplicantName:

Date:

| |
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