



APPLICATION FOR EMPLOYMENT

Name _____ Date _____

Address _____ Apartment/Unit # _____

City/State _____ Zip Code _____

Phone #1() _____ Phone #2() _____ Best to Reach: ___ Phone ___ Email

Email Address(s) _____

Availability for Work

Full time? _____ Part time? _____ If part time, days & hours _____

Restrictions to Work Availability? _____

Education and Training

High School:

Last school _____ City/State _____

Did you graduate? Yes _____ No _____ GED/HSED? _____ Last grade attended _____

College or University:

Name _____ City/State _____

Dates attended _____ Did you graduate? Yes _____ No _____

Degree _____ Major _____

Other 1: (Military, Trade, Graduate, etc.)

Name _____ Location _____

Subject _____ Length of course _____ Date of completion _____

Other 2: (Military, Trade, Graduate, etc.)

Name _____ Location _____

Subject _____ Length of course _____ Date of completion _____

Related Licenses/Certificates Not Listed Above _____

Employment History

Please start with your present or most recent employer.

1) Company Name _____ Phone () _____
Give month and year:
Address _____ From _____ To _____
Hourly pay:
Name of Supervisor _____ Start _____ Last _____
Job Title/Description _____

2) Company Name _____ Phone () _____
Give month and year:
Address _____ From _____ To _____
Hourly pay:
Name of Supervisor _____ Start _____ Last _____
Job Title/Description _____

3) Company Name _____ Phone () _____
Give month and year:
Address _____ From _____ To _____
Hourly pay:
Name of Supervisor _____ Start _____ Last _____
Job Title/Description _____

4) Company Name _____ Phone () _____
Give month and year:
Address _____ From _____ To _____
Hourly pay:
Name of Supervisor _____ Start _____ Last _____
Job Title/Description _____

5) Company Name _____ Phone () _____
Give month and year:
Address _____ From _____ To _____
Hourly pay:
Name of Supervisor _____ Start _____ Last _____
Job Title/Description _____

Referred by (If website, which one?) _____

Position(s) of interest _____

Minimum Salary \$ _____ Benefits Required _____

Will you work daily overtime if necessary? _____ Extra days if needed? _____

Please give reasons for leaving past employers. Be certain that reasons correspond **exactly** to employer numbers as listed on the previous. You need not list employer names on this page; please list only the **corresponding** reasons for leaving. Thank you.

Employer 1 Reason: _____

Employer 2 Reason: _____

Employer 3 Reason: _____

Employer 4 Reason: _____

Employer 5 Reason: _____

Please indicate the employers you do not want House of Harley-Davidson Inc. to contact.

Employer number(s) _____

Reason _____

Are there special preferences or interests you have regarding work duties, physical or otherwise, you would like us to consider? Be specific as this will help us determine which position(s) may interest you.

Have you previously applied with us? _____ If so, approximately when? _____

Has House of Harley-Davidson previously hired or placed you? _____ If so, when/where? _____

Are you age 18 or older? _____

Optional: Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes _____ No _____

If yes, describe in full: _____



Information/Release Authorization and Declaration

I authorize the companies, schools or persons named herein to provide House of Harley-Davidson Inc. (HOHD) with all available information regarding my employment, character and/or qualifications. I hereby release said companies, schools or persons from any liabilities or damages which may result from the release of this information.

I authorize the HOHD staff to contact appropriate sources (i.e. former employers, supervisors, co-workers, schools, agencies, record bureaus, etc.) for the purpose of obtaining information regarding my employment and job candidacy. I also give HOHD permission to forward copies of this information along with other records deemed pertinent by HOHD to HOHD client companies which may be considering me for employment.

I hereby declare the information provided by me in the Application for Employment is true, correct and complete to the best of my knowledge. I understand that any misstatements or omissions of fact on this application shall be considered cause for dismissal or cause for disqualification from HOHD client employment.

Signature _____ Date _____