



# Hometown Harley® Dealer

## **HENDERSON HARLEY-DAVIDSON**

### APPLICATION FOR EMPLOYMENT

An Equal Employment Opportunity Employer

Name \_\_\_\_\_

Date Submitted \_\_\_\_\_

PLEASE PRINT THE ANSWERS TO ALL QUESTIONS

DATE: \_\_\_\_\_

All applicants will receive consideration without regard to age, sex, race, color, religion, national origin or disability in accordance with the applicable law.

PERSONAL INFORMATION

NAME \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_  
(Last) (First) (M)

ADDRESS \_\_\_\_\_ How long? \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

TELEPHONE NO. \_\_\_\_\_ ALTERNATE PHONE NO. \_\_\_\_\_

PREVIOUS ADDRESS \_\_\_\_\_ How long? \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

RECORD OF EDUCATION

Circle last year completed	Elementary				High School				College				
	5	6	7	8	9	10	11	12	1	2	3	4	+
School Name	City	State	Graduate		Major subject or degree area								
			<input type="checkbox"/> Yes <input type="checkbox"/> No										
			<input type="checkbox"/> Yes <input type="checkbox"/> No										
			<input type="checkbox"/> Yes <input type="checkbox"/> No										
			<input type="checkbox"/> Yes <input type="checkbox"/> No										

Special training in positions applied for:

Type	Source
_____	_____
_____	_____
_____	_____

Typing \_\_\_\_\_ words per minute  
 Shorthand \_\_\_\_\_ words per minute  
 (If applicable)

Were you previously employed by Henderson Harley-Davidson/Buell  Yes  No If yes, when? \_\_\_\_\_  
What capacity? \_\_\_\_\_

\_\_\_\_\_ Do you  
have any relatives employed with Henderson Harley-Davidson/Buell  Yes  No If yes, give name(s) \_\_\_\_\_

Have you adequate transportation to and from work?  Yes  No

POSITION(S) DESIRE  D SALARY DESIRED \$ \_\_\_\_\_

First Choice \_\_\_\_\_

Second Choice \_\_\_\_\_

What prompted you to contact this office for employment?  
 Private Employment Agency  State Employment Agency  
 Advertisement  Walk In

Third Choice \_\_\_\_\_  Employee Referral \_\_\_\_\_  
 Other (specify) \_\_\_\_\_

Permission is granted to contact my present employer  No  Yes Contact name \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please provide employment history for the past 10 years including part time BEGINNING WITH YOUR MOST RECENT JOB. Please explain any periods of unemployment.

Name and address of company and type of business	From Mo. Yr.	To Mo. Yr.	Describe the work you did	Salary	Reason for leaving

Supervisor: \_\_\_\_\_ Supervisor's Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name and address of company and type of business	From Mo. Yr.	To Mo. Yr.	Describe the work you did	Salary	Reason for leaving

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Name and address of company and type of business	From Mo. Yr.	To Mo. Yr.	Describe the work you did	Salary	Reason for leaving

Supervisor:

Supervisor's Title:

Telephone:

If more space is required, please attach additional sheets.

Have you ever been terminated or asked to resign from any job?  Yes  No If yes, please explain circumstances: \_\_\_\_\_

**PERSONAL REFERENCES** (Not former employers or relatives)

Please provide a minimum of three references who have knowledge of your character, experience and background.

Name and occupation	Address	Telephone

Have you been convicted of a crime?  Yes  No If yes, please give date(s) and details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, and financial history as well as inquires about my character, honesty, habits, ability, records of convictions, if any. I further understand that any false statements, misrepresentations made by me or material omissions made by me on this application will be sufficient grounds for immediate discharge.

Applicant's Signature

Date

**PRE -EMPLOYMENT CONSENT AND RELEASE**

The undersigned applicant hereby authorizes Henderson Harley-Davidson/Buell (hereinafter referred to as "Company") to conduct a drug screening test through its designated physician, medical facility or laboratory testing facility as a condition of employment.

In applying for employment, I understand that a urine drug screening test will be administered as part of the pre-employment process to determine the presence of certain drugs and substances prohibited by Company Policy, such as illegal drugs, controlled substances, marijuana, mood or mind-altering substances, "lookalike" substances, designed and synthetic drugs, certain inhalants and unauthorized prescription drugs. I further understand that the presence of any of the drugs or substances will cause my rejection from further consideration for employment, and that I may not reapply for any position at Henderson Harley-Davidson/Buell for a period of not less than six (6) months.

I agree that test results provided by the Company-approved physicians or testing laboratories shall be conclusive and final, and that test results provided by physicians or testing laboratories not approved by the Company will not be accepted or considered valid.

I understand that refusal to submit to the drug screening test will constitute voluntary withdrawal of my application for employment.

I fully understand that should I be conditionally put to work by the Company prior to the results of the drug screening test being known, my continued employment with the Company is conditional upon passing the urine drug screening test. If I should test positive on the urine drug screen, indicating the presence of a prohibited drug or substance, I further understand I will be terminated immediately.

I authorize the results of this urine drug screen test to be given to the Company or any of its agents.

I release and hold the Company designated physician, testing laboratory and medical facility harmless for release of this information. I also release and hold harmless the Company, its directors, officers, stockholders and employees for the use of this information for employment purposes.

\_\_\_\_\_  
Applicant Name (please print)

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Applicant Social Security Number

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

-----  
Witness Signature

\_\_\_\_\_  
Date

For Human Resources Use Only:  
Date received

Interviewed

Position

Active date

revised 04/25/2001