

World's Largest
World's Largest



**LAS VEGAS HARLEY-DAVIDSON/BUELL
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 Las Vegas Harley-Davidson/Buell Yes No If yes, when? _____
What capacity? _____

_____ Do you have any relatives employed with Las Vegas Harley-Davidson/Buell Yes No If yes, give name(s) _____

Have you adequate transportation to and from work? Yes No

POSITION(S) DESIRED

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

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

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

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 Las Vegas 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 Las Vegas 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)

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