

Present/Last Employer _____
Address _____ Telephone _(_____) _____
Employed From (Start) _____ to (Final) _____ Pay (Start) _____ (Final) _____
Your Title & Position _____
Name & Title of Last Supervisor _____
Exact Reason for Leaving _____

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Your Title & Position _____
Name & Title of Last Supervisor _____
Exact Reason for Leaving _____

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

Please explain fully any gaps in your employment history:

May we contact your current employer? Yes No
If no, please explain:

Please indicate any actual experience, special training, & qualifications you have that you feel are relevant to the position which you are applying:

Have you ever used another name? Yes No
Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work or educational record? If yes, please explain:

If hired, can you furnish proof that you are 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to & from work? Yes No

Salary Desired _____

What are your plans or goals for your future?

List some of your strengths:

List some of your weaknesses:

How many days of work have you missed in the last 3 years due to reasons other than paid holidays & vacations?

Year _____ # of Days _____ Reason _____
Year _____ # of Days _____ Reason _____
Year _____ # of Days _____ Reason _____

Education

School Name	Years Completed	Diploma/ Degree	Describe course of study or major	Describe specialized training, experience, skills & extracurricular activities
Elementary:				
High School:				
College / University:				
Graduate / Professional:				
Trade or Correspondence:				
Other:				

Personal References

Please list persons who you know well. Not previous employers / limit to 1 family member

Name	Occupation	Address	Phone Number	# of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST RE-APPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE & ACCURATE.

Signature of Applicant _____ Date _____

Applicant's Statement & Agreement

In the event of my employment to a position with Doc's Harley-Davidson, I will comply with all rules and regulations of Doc's Harley-Davidson. I understand that Doc's Harley-Davidson reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to Doc's Harley-Davidson. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to this consent or decline to any part of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

I understand that Doc's Harley-Davidson may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of the investigation. I further understand that Doc's Harley-Davidson may contact my previous employers and I authorize those employers to disclose to Doc's Harley-Davidson all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to Doc's Harley-Davidson and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide Doc's Harley-Davidson with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected to hire, it will be necessary for me to provide satisfactory evidence of identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard.

I further agree and acknowledge that Doc's Harley-Davidson and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both Doc's Harley-Davidson and I agree that any claim, dispute, and/or controversy that either I may have against Doc's Harley-Davidson (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or Doc's Harley-Davidson may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employed by, or other binding arbitration under the Federal Arbitration Act, in conformity with the procedures if the Wisconsin Arbitration Act and all of the Act's other mandatory and permissive rights to discovery. Included within the scope of this Agreement are all disputes, whether based on tort, contract, state (including but not limited to, and claims of discrimination and harassment, whether they be based on the Wisconsin Administrative Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law or otherwise, with the exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the Wisconsin Worker's Compensation Act, Wisconsin Employment Development Department Claims, or as otherwise required by State or Federal Law. However, nothing herein shall prevent me from filing and pursuing proceedings before the Wisconsin Administrative Agency, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following exhaustion of such administrative remedies, that claim would be subject to the provisions of this agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired Wisconsin Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of leading, all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment and judgment of the pleadings, shall apply and be observed. Resolution of the dispute shall be based solely on the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for giving of notices and settings of hearings. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision, and both I and Doc's Harley-Davidson give up our rights to trial by jury of any claim I or Doc's Harley-Davidson may have against each other.

If hired, I agree as follows; my employment and compensation is terminable at-will, is for no definite period, and my employment and compensation may be terminated by either Doc's Harley-Davidson or me at any time and for any reason whatsoever, with or without good cause.

This is the entire agreement between Doc's Harley-Davidson and me regarding dispute resolution, the length of my employment, and the reasons for termination of employment, and this Agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that any agreement contrary to the foregoing must be entered into, in writing, by the Owner of Doc's Harley-Davidson. No supervisor or representative of Doc's Harley-Davidson, other than its Owner has any authority to enter into any agreement for employment for any specified period of time or make any agreement contrary to the foregoing. Oral representations made before or after you are hired do not alter this Agreement.

If any term or provision, or portion of this Agreement is declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforceable. If you have any questions regarding this statement, please ask a Doc's Harley-Davidson representative before signing. I hereby acknowledge that I have read the above statements and understand the same.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT:

Signature

Date