



## Employment Application

Conditions of employment are stated at the end of the form. Please read carefully before you sign this application. The application must be completed in full even if attaching a resume. Hall's Harley Davidson is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

### Applicant Information

Last Name:	First Name:	Middle Initial:
Present Address:	City:	State:
Telephone Number:	Alternate Phone Number:	Zip:
		Social Security Number:

How did you hear about Hall's Harley Davidson? ☐ Newspaper ☐ Career Placement Center ☐ Recruited ☐ Job Fair ☐ Other \_\_\_\_\_

☐ Employee Referral (Name of Employee) \_\_\_\_\_

Position Applying For: \_\_\_\_\_

On what date would you be available to work? \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you legally eligible to work in the United States?

(Proof of eligibility will be required upon offer of employment)

☐ Yes ☐ No

Are you over the age of 18 years? (If no, you may be required to provide authorization)

☐ Yes ☐ No

Can you, with or without reasonable accommodation, perform the essential functions of this job?

(If you have any question about the functions of the job, please ask the interviewer before answering this question)

☐ Yes ☐ No

Have you ever applied with Hall's Harley Davidson before? (If yes, please give date \_\_\_\_\_)

☐ Yes ☐ No

Have you ever worked for Hall's Harley Davidson before? (If yes, please give dates: \_\_\_\_\_)

☐ Yes ☐ No

Have you ever been convicted of a misdemeanor or felony? (A conviction will not necessarily disqualify you from employment)

☐ Yes ☐ No

Do you have a valid driver's license? (For driving positions only)

☐ Yes ☐ No

Have you been convicted of any moving violations in the past five years?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Is anyone related to you employed by Hall's Harley Davidson?

☐ Yes ☐ No

If yes, please explain who and in what department: \_\_\_\_\_

Have you ever been fired or asked to resign from a job?

☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

Have you ever worked under a different name?

☐ Yes ☐ No

If yes, please list name: \_\_\_\_\_

**Please Check Schedule Availability**

- ☐ I am available and desire to work FULL-TIME (40 hours a week) and do not have restrictions on my hours and days.
- ☐ I am available and desire to work PART-TIME (32 hours a week or less) and have the following restrictions on my hours and days.

Hours Available	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>From:</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm
<b>To:</b>	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm

**Note:** Work schedules are based on the needs of the business and may be subject to change on a weekly basis.

**Attendance and Punctuality Information**

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with this company? ☐ Yes ☐ No If Yes, please explain

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**Personal References**

(List two individuals; not relatives or employers)

<b>1</b>	Name:	Occupation Business Phone:	<b>2</b>	Name:	Occupation Business Phone:
	Address:	Title/Relationship:		Address:	Title/Relationship:
	City, State, Zip:	How long known?		City, State, Zip:	How long known?
	Phone Number:	Alternate Phone Number:		Phone Number:	Alternate Phone Number:

**Additional Experience or Qualifications:**

List any other experience, skills or other qualifications including additional languages fluently spoken, which you believe should be considered in evaluating your qualifications for employment. Please indicate any prior military service which you would like considered in connection with your application for employment.

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**Education Information**

	Name and Location of School	Course of Study	Number of Years Completed	Diploma or Degree Received
High School				
College				
Vocational or Trade				



### Employment History

Begin with your most recent employer and continue with all past employment. (Attach additional sheet if necessary.)

<b>1</b>	Employer Name:	Month	From Year	Starting Salary:	Job Title:	Reason for Leaving:
	Address:	Month	To Year	Ending Salary:	Describe your duties:	Name & Title of Immediate Supervisor:
	City, State, Zip:					
	Phone Number:					
<b>2</b>	Employer Name:	Month	From Year	Starting Salary:	Job Title:	Reason for Leaving:
	Address:	Month	To Year	Ending Salary:	Describe your duties:	Name & Title of Immediate Supervisor:
	City, State, Zip:					
	Phone Number:					
<b>3</b>	Employer Name:	Month	From Year	Starting Salary:	Job Title:	Reason for Leaving:
	Address:	Month	To Year	Ending Salary:	Describe your duties:	Name & Title of Immediate Supervisor:
	City, State, Zip:					
	Phone Number:					
<b>4</b>	Employer Name:	Month	From Year	Starting Salary:	Job Title:	Reason for Leaving:
	Address:	Month	To Year	Ending Salary:	Describe your duties:	Name & Title of Immediate Supervisor:
	City, State, Zip:					
	Phone Number:					
<b>5</b>	Employer Name:	Month	From Year	Starting Salary:	Job Title:	Reason for Leaving:
	Address:	Month	To Year	Ending Salary:	Describe your duties:	Name & Title of Immediate Supervisor:
	City, State, Zip:					

Phone Number:				
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## Hall's Harley Davidson

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by Hall's Harley Davidson that such employment with Hall's Harley Davidson is at will, for no specified duration and may be terminated by Hall's Harley Davidson or myself at any time with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of Hall's Harley Davidson or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of Hall's Harley Davidson, except the President, has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of Hall's Harley Davidson.

In consideration for employment with Hall's Harley Davidson, if employed, I agree to conform to the rules, regulations, policies and procedures of Hall's Harley Davidson at all times and understand that such obedience is a condition of employment. I understand that due to the nature of Hall's Harley Davidson's business, attendance and punctuality are considered essential requirements of every job at Hall's Harley Davidson and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with Hall's Harley Davidson, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

**By signing below I acknowledge that I have read, understood and agree to the above statements.**

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_