

APPLICATION FOR EMPLOYMENT

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

First Name	Middle	Last Name	Date:		
Street Address	Apt.	City	State	Zip Code	
Telephone Number		Alternate Phone Number			
If you have previously worked under any other name(s), please list:					
If offered a position, I will supply documentation to prove my legal right to work in the United States?					
I am at least 18 years of age? I Yes I No Have you ever applied to work with this company before? I Yes I No					
Have you ever been convicted of a felony? Yes No If yes, when and what state?					
Were you ever employed by this company before? Yes No If yes, when:					
Do you have any relatives employed by this company? Yes No If yes, whom:					
Were you referred by someone in this company? Yes No If yes, whom:					
Have you ever served in the Armed Forces? Yes INO Present membership in the National Guard or Reserves? Yes INO					

EDUCATION

Name/Location	Graduated	Subject Studied
High School	□ Yes □ No	
College	□ Yes □ No	
Technical School/Special Training	□ Yes □ No	

POSITION DESIRED

Position	Date you can start	Minimum Salary Requirement
Are you employed now? Yes No	May we contact your present employer? Set Yes No	

GENERAL

Subjects of special study	
Special skills	
Languages in which you are fluent?	
Activities: (civic, athletic, etc.)	

WORK HISTORY

List names of employer(s) in consecutive order with present or latest employer first.

Name & address of employer	From	То	Salary	Supervisor's Name	Telephone Number
Job title & responsibilities					
Name & address of employer	From	То	Salary	Supervisor's Name	Telephone Number
Job title & responsibilities					
Name & address of employer	From	То	Salary	Supervisor's Name	Telephone Number
Job title & responsibilities					
Name & address of employer	From	То	Salary	Supervisor's Name	Telephone Number
Job title & responsibilities					

PROFESSIONAL/PERSONAL REFERENCES

Name	Relationship	City, State	Phone Number	Years known

EMERGENCY CONTACT

Name	Relationship	City, State	Phone Number

I understand that this application and any other documents completed are not contracts of employment. I understand that if hired, my employment is "at will". This means that I am free to terminate at any time, for any reason, with or without cause, and that Intermountain Harley Davidson retains the same rights. I understand that I will be **required to submit to a pre-employment drug screening** as part of the application process.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize Intermountain Harley Davidson to make such investigations and inquiries of my personal employment history, as well as inquiries about my character, honesty habits, abilities, and records of conviction, if any.