



APPLICATION FOR EMPLOYMENT

Printed Name _____ Position Desired: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

I understand that this application is not a promise of employment.

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice or cause and the Company has the same right. No one other than the Owner of the Company has the authority to modify this relationship or to make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the authorized agent.

I understand the Company reserves the right to require me to submit to a medical examination after an offer of employment has been made. I also understand that a drug/alcohol test may be required prior to employment and at any time during my employment to the extent permitted by applicable law.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared. I understand that I have the right to make a written request within a reasonable period of time to receive additional information about the nature and scope of an investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records 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 the Company, 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 hereby state that all of the information that I provide on this application and in any interview is true and accurate. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS

Signature of Applicant

Date

APPLICANT INFORMATION

Name _____
(PRINT) LAST NAME FIRST MI

Address _____
CITY STATE ZIPCODE

Phone Number _____ Alternate Number: _____

Social Security Number _____ Are you 18 years of age or older? YES NO

Position Applying for _____ Salary Range _____

Do you have reliable means of transportation to travel to and from work which will allow you to consistently arrive at work on time? YES NO

If a driver's license is required for your position, do you have a valid driver's license? YES NO

Do you have a current motorcycle endorsement? YES NO

Do you have the legal right to work in the United States? YES NO
(You will be required to show legal proof of your right to work in the U.S. within 3 business days upon employment)

Have you been cited for a traffic violation of any kind within the last THREE years? YES NO
If yes, please give dates and details _____

Have you ever been arrested or convicted of a crime, excluding non-moving traffic violations? YES NO
If yes, please give date and details _____

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? YES NO
If accommodation is needed please explain _____

What accommodations would you require during the course of a job interview or any objective testing which would be performed in the applicant selection process? NONE SEE BELOW
Please Describe _____

Have you ever been terminated or asked to resign from any job? YES NO
If yes, please explain _____

Please fully explain any gaps in your employment history _____

May we contact your current employer? YES NO If no, please explain _____

May we contact your previous employers? YES NO If no, please explain _____

EDUCATION AND EXPERIENCE

	Elementary	High School	College/University	Graduate
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course of Study or				
Describe any Specialized Skills or Training, or any Job Related Extracurricular Activities				

EMPLOYMENT HISTORY

Please list the names of your previous employers with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name.

Name of Present or Last Employer	Employed From (Mo./Yr.)	Title/Position
Address	To (Mo./Yr)	Name of Supervisor
City, State Zip		
Telephone		
Duties		Reason for Leaving

Previous Employer	Employed From (Mo./Yr.)	Title/Position
Address	To (Mo./Yr)	Name of Supervisor
City, State Zip		
Telephone		
Duties		Reason for Leaving

Previous Employer	Employed From (Mo./Yr.)	Title/Position
Address	To (Mo./Yr)	Name of Supervisor
City, State Zip		
Telephone		
Duties		Reason for Leaving

Previous Employer	Employed From (Mo./Yr.)	Title/Position
Address	To (Mo./Yr)	Name of Supervisor
City, State Zip		
Telephone		
Duties		Reason for Leaving

AVAILABILITY

Shift Availability: Full time Part time

On the sample schedule below, please list the hours you are available to work for each day of the week.

Saturday's are mandatory.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

REFERENCES

Please list individuals who know you well, and can attest to your work performance.

Please do not include relatives.

NAME	ADDRESS	# OF YEARS KNOWN
PHONE:		
NAME	ADDRESS	# OF YEARS KNOWN
PHONE:		
NAME	ADDRESS	# OF YEARS KNOWN
PHONE:		
NAME	ADDRESS	# OF YEARS KNOWN
PHONE:		

ADDITIONAL INFORMATION

Please indicate any actual experience you have in the following:

OFFICE	SALES/RENTALS	SERVICE
Accounting Associate	Business Manager (F&I)	Detailer
Bookkeeper	General Merchandise Manager	Porter
Customer Satisfaction Associate	General Merchandise Associate	Service Advisor
Human Resources Associate	Rental Manager	Service Manager

Marketing Manager	Rental Associate	Service Technician
Marketing Associate	Sales Manager	Other
Finance & Insurance	Sales Representative	Back Counter
Titling & Licensing	Shipping and Receiving	Front Counter
Other	Other	Parts Manager

I certify that all of the information that I have provided on this application is true and accurate.

Signature _____ Date _____

This application will be considered active and will be kept on file for a maximum of one hundred and twenty (120) days. If you wish to be considered for employment after that time, you must re-apply.

Only fully completed applications will be considered.

Please mail, fax or drop-off your application to: Lone Wolf Harley-Davidson
 19011 E. Cataldo Ave.
 Spokane Valley, WA. 99016
 Phone: (509)927-7433
 Fax: (509)-927-3306