

COLONIAL HARLEY-DAVIDSON APPLICATION FOR EMPLOYMENT



Position Desired: _____

Full Time
 Part Time

Date: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
APPLICANT'S STATEMENT

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 am employed on an "at will" basis which means that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify the relationship or make any agreement to the contrary. Any such modification or agreement must be in writing, signed by the President.

I AGREE THAT ANY DISPUTE BETWEEN ME AND THE COMPANY RELATED TO MY APPLICATION FOR EMPLOYMENT OR MY EMPLOYMENT, IF I AM HIRED, WILL BE RESOLVED THROUGH MUTUALLY BINDING ARBITRATION IN ACCORDANCE WITH THE COMPANY'S ARBITRATION POLICY AND PROCEDURE. I UNDERSTAND THAT I HAVE THE RIGHT TO REVIEW THE POLICY AND PROCEDURE PRIOR TO SIGNING THIS DOCUMENT.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them, whether favorable or unfavorable. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

By signing below, I certify that all of the information that I provide on this application and in my interview will be true, complete and accurate. I understand if I am employed and any such information is later found to be false, incomplete or misleading in any respect, I will be dismissed.

* * * AUTHORIZATION TO OBTAIN CONSUMER REPORTS * * *

IT HAS BEEN DISCLOSED TO ME THAT THE COMPANY MAY OBTAIN ONE OR MORE CONSUMER REPORTS ON ME FOR USE IN CONNECTION WITH MY APPLICATION OR FOR OTHER EMPLOYMENT RELATED PURPOSES. THESE REPORTS, WHICH MAY INCLUDE CREDIT BUREAU REPORTS, CRIMINAL RECORDS AND DRIVING RECORDS. I AUTHORIZE THE COMPANY OR PERSONS ACTING ON ITS BEHALF TO OBTAIN THESE REPORTS.

_____ Date _____ Signature _____

PERSONAL DATA

Name _____ Social Security No. _____
(Print) Last First Middle

Present Address _____ How long have you lived there? _____
Street and Number City State Zip Years Months

Previous Address _____ How long did you live there? _____
Street and Number City State Zip Years Months

Telephone No. _____ Are you 18 years of age or older? Yes No

Do you have any friends or relatives working here? Yes No

If Yes, Name: _____ Relationship: _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No

Do you have any criminal charges pending? Yes No If Yes to either question, please give dates and details of each:

NOTE: Answering "Yes" to this question does not constitute an automatic ban to employment.

PREVIOUS EXPERIENCE

Do you own a Harley? [] Yes [] No

Are you an active rider on a Harley or other brand? [] Yes [] No _____
 Brand

Are you a H.O.G. member? [] Yes [] No If yes, which chapter? _____

Why do you want to work at Colonial Harley-Davidson? _____

Why are you the best candidate for this position? _____

Please indicate any actual experience that you have had in any of the following positions.

<u>OFFICE</u>	<u>MOTORCLOTHES / APPAREL</u>	<u>SALES / LEASING</u>	<u>SERVICE AND REPAIR</u>	<u>PARTS & ACCESSORIES</u>
[] Controller	[] Apparel Manager	[] Sales Manager	[] Service Manager	[] Parts Manager
[] Office Manager	[] Apparel Sales	[] Finance Manager	[] Service Advisor	[] Parts Counter
[] Bookkeeper		[] After Market Sales	[] Dispatcher	[] Parts Stocker
[] Accounts Payable		[] New Sales	[] Shop Foreman	[] Parts Driver
[] Accounts Receivable		[] Used Sales	[] Technician/Mechanic	[] Inventory Control
[] Data Entry			[] Get Ready/Prep	[] Other _____
[] Cashier				
[] Receptionist				

TECHNICIAN / MECHANIC APPLICANTS: Please list all current MMI, ASE and PHD certifications as well as any other special technical qualifications.

SALES APPLICANTS: Please state your average monthly sales: _____ Units sold during period from _____ to _____

EDUCATION

School Name and Location	Years Completed (Circle)	Diploma or Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra Curricular Activities
	Elementary 4 5 6 7 8			
	High School 9 10 11 12			
	College 1 2 3 4			
	Graduate School 1 2 3 4			
	Trade or Correspondence			
	Other			

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name _____ Relationship _____

Home Address _____ Telephone _____
 Street and Number City State Zip

Work Address _____ Telephone _____
 Street and Number City State Zip

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order 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 and supply business references.

Present or Last Employer	Employed From (mo/yr)	Pay Start \$	Position	Reason for Leaving	
Address		To (mo/yr)	Final \$		Supervisor
City, State, Zip					
Telephone					
Previous Employer	Employed From (mo/yr)	Pay Start \$	Position	Reason for Leaving	
Address		To (mo/yr)	Final \$		Supervisor
City, State, Zip					
Telephone					
Previous Employer	Employed From (mo/yr)	Pay Start \$	Position	Reason for Leaving	
Address		To (mo/yr)	Final \$		Supervisor
City, State, Zip					
Telephone					
Previous Employer	Employed From (mo/yr)	Pay Start \$	Position	Reason for Leaving	
Address		To (mo/yr)	Final \$		Supervisor
City, State, Zip					
Telephone					
Previous Employer	Employed From (mo/yr)	Pay Start \$	Position	Reason for Leaving	
Address		To (mo/yr)	Final \$		Supervisor
City, State, Zip					
Telephone					

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

Please explain fully any gaps in your employment history: _____

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

PERSONAL REFERENCES

Please list persons who know you well - not previous employers or relatives.

Name	Occupation	Address (Street, City and State)	Telephone Number	Number of Years Know

DRIVING INFORMATION

Do you have a current driver's license? [] Yes { } No

State: _____ License No.: _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? [] Yes [] No If Yes, please explain circumstances:

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? [] Yes [] No

If Yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Offense	Date	Location
Offense	Date	Location	Offense	Date	Location

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

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

Date

Signature of Applicant

DISCLOSURE OF INTENT TO OBTAIN CONSUMER REPORTS

We may obtain a consumer report or reports in connection with your application for employment and for other employment-related reasons during your employment, if you are hired. "Consumer report" includes, but is not limited to, credit reports, criminal background checks, and department of motor vehicle reports. We may also obtain an "investigative consumer report" which is information obtained through personal interviews with neighbors, friends, associates, acquaintances and others. You have the right to request disclosure of the nature and scope of such an investigation should one be conducted. You also have the right to request a written summary of consumer rights. If you wish to request the disclosure of the summary, please indicate below.

AUTHORIZATION

I authorize the Company or entities acting on its behalf to obtain consumer reports regarding me from time to time for employment purposes as described above.

Signature: _____ Date: _____

Please Print Full Name: _____

Please Print Maiden or Any other Names Under Which Records May be Listed

Driver's License Number: _____ State: _____

Social Security Number: _____

Date of Birth*: _____

*NOTE: Date of Birth information will only be used by the reporting agency to ensure accurate identification. It will not be used by the Company in making any employment decision. The Age Discrimination in Employment Act prohibits discrimination based on age.

PLEASE RETURN THIS FORM WITH YOUR APPLICATION