### **Application for Employment**

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. RESUME NOT ACCEPTED IN LIEU OF COMPLETING APPLICATION.

BIG BARN HARLEY-DAVIDSON R65 HARLEY-DAVIDSON SHOP 81 N.W. 49th Place Des Moines, IA 50313-2250

Position(s) applied for		Date of applic	application				
Referral Source	Advertisement	Employee	Relative	Walk-in	Other		
	Name of source (if a	applicable)					
Name		FIRST			MIDDLE		
-		FIRST			WIIDDLL		
AddressSTREET		CITY		STATE			ZIP CODE
Telephone # (	)	ext	Home	e Cell_			
If necessary, best time	to call you at home is	5				AM/PM	
Are you currently emp	loyed?				Yes	No	
May we contact your w If yes, work nu	work? Imber and best time t					No AM/PM	
Have you submitted ar If yes, give dat	n application here bef e(s)					No	
Have you ever been er If yes, give dat	mployed here before? re(s)					No	
Are you eligible for em	nployment in this cour	ntry?			Yes	No	
Date available for wor	k						
Type of employment d	lesired:	Full-time	Part-t	ime	Temporary		
Are you able to meet th	ne attendance requiren	nents of this positio	on <b>including Satu</b> r	day work schedu	iles? Yes		No
Will you work overtim	e if required?				Yes	No	
Do you have a valid dr If no, please e	iver's license? xplain				Yes	No	
Do you have a valid mo	otorcycle license?				Yes	No	
Have you ever been co					Yes	No	

## **Employment History**

EMBLOVED.		DATES ENAST STEE	CLIMANA DIZE THE TYPE OF WORK PERSON
EMPLOYER		DATES EMPLOYED FROM TO	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
ADDRESS		TROW 10	VIAN 100 I/FOLOIA2IDIFILIF2
CITY	STATE	HOURLY RATE/SALARY STARTING WAGE	
JOB TITLE		\$ PER	
IMMEDIATE SUPERVISOR AND TITLE		) PER	
MAY WE CONTACT FOR REFERENCE? PHONE	YES No	D HOURLY RATE/SALARY FINAL WAGE	
REASON FOR LEAVING		\$ PER	
EMPLOYER		DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED
ADDRESS		FROM TO	AND JOB RESPONSIBILITIES
CITY	STATE	HOURLY RATE/SALARY STARTING WAGE	
JOB TITLE			
IMMEDIATE SUPERVISOR AND TITLE		\$ PER	
MAY WE CONTACT FOR REFERENCE? PHONE	YES No	D HOURLY RATE/SALARY FINAL WAGE	
REASON FOR LEAVING		\$ PER	
EMPLOYER		DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED
ADDRESS		FROM TO	AND JOB RESPONSIBILITIES
CITY	STATE	HOURLY RATE/SALARY STARTING WAGE	
JOB TITLE		\$ PER	
IMMEDIATE SUPERVISOR AND TITLE		¬*	
MAY WE CONTACT FOR REFERENCE? PHONE	YES N	D HOURLY RATE/SALARY FINAL WAGE	
	YES N	-	
PHONE	YES N	\$ PER DATES EMPLOYED	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
PHONE REASON FOR LEAVING	YES N	\$ PER	SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
PHONE  REASON FOR LEAVING  EMPLOYER	YES No	\$ PER  DATES EMPLOYED FROM TO  HOURLY RATE/SALARY	
PHONE  REASON FOR LEAVING  EMPLOYER  ADDRESS		\$ PER  DATES EMPLOYED FROM TO  HOURLY RATE/SALARY STARTING WAGE	
PHONE REASON FOR LEAVING  EMPLOYER  ADDRESS  CITY		\$ PER  DATES EMPLOYED FROM TO  HOURLY RATE/SALARY	
PHONE  REASON FOR LEAVING  EMPLOYER  ADDRESS  CITY  JOB TITLE		\$ PER  DATES EMPLOYED FROM TO  HOURLY RATE/SALARY STARTING WAGE  \$ PER	

# **Educational Background**

A. List last three schools attende	ed, starting with the mo	st recent, hig	gh school &	above. <b>B.</b> List	t highest grade l	evel completed.
C. Indicate degree or diploma e	arned, if any. <b>D.</b> Major	field of study	. E. Dates a	ttended.		
A. School, City, State B. Highest Grade		Level	C. Degr	ee/Diploma	D. Major	E. Dates Attended
Personal References						
List the name and telephone of be previous supervisors.	three personal reference	ces you have	known for a	at least (3) yea	rs. They cannot	be related to you or
Name		Telephone				Years Known
Additional Information	on					
List professional, trade, busines EXCLUDE MEMBERSHIPS WHICH WOU STATUS.				COLOR, DISABILI	TY OR ANY OTHER SI	MILARLY PROTECTED
Organization				Offices Held		
List the activities you have beer	involved with in the pa	ıst. (i.e. Girl/E	Boy Scouts,	4-H, FFA, Food	d Bank, Human S	ociety, etc.)
•						
What characteristics do you pos	score that would be an a	occat to our to	02m2			
what characteristics do you pos	ssess that would be all a	155Et to our to	eaiii:			

### **Notice and Authorization**

I, , hereby consent and au	uthorize Big Barn Harley-Davidson and
Route 65 Harley-Davidson Shop or its agents to prepare an inbut not limited to obtaining a consumer report and informatistanding, character, general reputation, credit capacity, persoverification of all information provided in my application. This with sources, such as neighbors, friends, associates, past emply public records may be used in this report, such as civil and cripudgements, and bankruptcy, that are deemed to have bearing report will be used for employment purposes. In using a conspurposes, before taking any adverse action based in whole contending to take such adverse action shall provide to the contending to take such adverse action shall provid	vestigative consumer report, including on as to my credit worthiness, credit nal characteristics, mode of living, and report may involve personal interviews ployers and educational institutions. minal records, driving records, liens, ag on my job performance. This consumer sumer report for employment or in part of the report, the person personness of the consumer under
I am providing the following information, together with all inf the preparation and proper verification of the consumer repo	
List all previous addresses for the past ten years on the next f	orm.
All previous names for the past ten years:	
Drivers license number:	
State of issuance:	
Date of birth (optional):	
Social Security No:	
County of residence:	
Signature	Date
Print Name	

### List Addresses for Past 10 Years

STREET	CITY	STATE	ZIP	FROM	ТО
STREET	CITY	STATE	ZIP	FROM	ТО
STREET	CITY	STATE	ZIP	FROM	ТО
STREET	CITY	STATE	ZIP	FROM	ТО
STREET	CITY	STATE	ZIP	FROM	ТО
STREET	CITY	STATE	ZIP	FROM	ТО
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STREET	CITY	STATE	ZIP	FROM	ТО
STREET	CITY	STATE	ZIP	FROM	ТО
STREET	CITY	STATE	ZIP	FROM	ТО
STREET	CITY	STATE	ZIP	FROM	ТО

Big Barn Harley-Davidson and Route 65 Harley-Davidson Shop pride themselves in the environment that is provided to its customers.
Employee must:  Possess the ability to stand 8 hours a day.  Be able to lift up to 50 lbs. frequently.  Possess excellent written & verbal communication skills.  Display team attitude.  Wear uniforms provided by store and adhere to dress code policy.  Comply with non-smoking policy.
Drug testing will be performed as a part of an employer paid pre-employment physical. Random drug testing may be performed during your employment as set forth in the employee Handbook.
I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.
I give the employer the right to contact and obtain information from all references, employers, educational institutions and to other wise verify the accuracy of the information contained in the application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.
The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.
If I am hired, I understand that I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.
I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the forgoing and seek employment under these

Date

conditions.

Signature of Applicant