

SILVER EAGLE



HARLEY-DAVIDSON/BUELL

The Experience Starts Here.

Silver Eagle Harley-Davidson/Buell
Application For Employment
An Equal Employment Opportunity Employer

Name _____ Date Submitted _____

PLEASE PRINT THE ANSWERS TO ALL QUESTIONS

DATE: _____

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

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY NUMBER _____
(Last) (First) (M)

ADDRESS _____ How long? _____
(No.) (Street) (City) (State) (Zip)

TELEPHONE NO. _____ ALTERNATE PHONE NO. _____

PREVIOUS ADDRESS _____ How long? _____
(No.) (Street) (City) (State) (Zip)

RECORD OF EDUCATION

Circle last year completed	Elementary				High School				College				
	5	6	7	8	9	10	11	12	1	2	3	4	+
School Name	City			State	Graduate				Major Subject or Degree Area				
_____	_____			_____	<input type="checkbox"/> Yes <input type="checkbox"/> No				_____				
_____	_____			_____	<input type="checkbox"/> Yes <input type="checkbox"/> No				_____				
_____	_____			_____	<input type="checkbox"/> Yes <input type="checkbox"/> No				_____				
_____	_____			_____	<input type="checkbox"/> Yes <input type="checkbox"/> No				_____				
Special training in positions applied for: Type _____ Source _____					Typing _____ words per minute Shorthand _____ words per minute (If Applicable)								

Were you previously employed by Silver Eagle Harley-Davidson/Buell Yes No If yes, when? _____

What capacity? _____

Do you have any relatives employed with Silver Eagle Harley-Davidson/Buell Yes No

If yes, give name(s) _____

Have you adequate transportation to and from work? Yes No

POSITION(S) DESIRED

First Choice _____

Second Choice _____

Third Choice _____

SALARY DESIRED \$ _____

What prompted you to contact this office for employment?

- Private Employment Agency
- State Employment Agency
- Advertisement _____
- Walk In
- Employee Referral _____
- Other (specify) _____

Permission is granted to contact my present employer No Yes Contact name _____

EMPLOYMENT HISTORY
 Please provide employment history for the past 10 years including part time BEGINNING WITH YOUR MOST RECENT JOB.

Name and address of company and type of business	<u>From:</u> Month, Year	<u>To:</u> Month, Year	Describe the work you did	Salary	Reason for leaving

Supervisor: _____ Supervisor's Title: _____ Telephone: _____

Name and address of company and type of business	<u>From:</u> Month, Year	<u>To:</u> Month, Year	Describe the work you did	Salary	Reason for leaving

Supervisor: _____ Supervisor's Title: _____ Telephone: _____

Name and address of company and type of business	<u>From:</u> Month, Year	<u>To:</u> Month, Year	Describe the work you did	Salary	Reason for leaving

Supervisor: _____ Supervisor's Title: _____ Telephone: _____

Name and address of company and type of business	<u>From:</u> Month, Year	<u>To:</u> Month, Year	Describe the work you did	Salary	Reason for leaving

Supervisor: _____ Supervisor's Title: _____ Telephone: _____

If more space is required, please attach additional sheets.

Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances: _____

PERSONAL REFERENCES (Not former employers or relatives)
Please provide a minimum of three references who have knowledge of your character, experience and background.

Name and Occupation	Address	Telephone

Have you been convicted of a crime? Yes No If yes, please give date(s) and details:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, and financial history as well as inquires about my character, honesty, habits, ability, records of convictions, if any. I further understand that any false statements, misrepresentations made by me or material omissions made by me on this application will be sufficient grounds for immediate discharge.

Applicant Signature Date

Pre-Employment Consent and Release

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Silver Eagle Harley-Davidson/Buell's interests or those of its clients, nor will I become engaged in such activity or business if employed.

I hereby release all parties and persons connected with any such request for information from all claims, liabilities and damages for any reason arising out of the furnishing of such information. If employed, I release Silver Eagle Harley-Davidson/Buell from any liability for future references it may provide regarding my work history with the company.

In consideration of my employment, I agree that my employment and compensation may be terminated with or without cause, and with or without notice at any time, at the option of either Silver Eagle Harley-Davidson/Buell or me.

If employed, I further agree that if Silver Eagle Harley-Davidson/Buell advances any paid leave before it has been accrued, or advance or loans me any money during the course of my employment, or if I lose, damage or fail to return any company property, the company is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace such property.

I release and hold the Company designated physician, testing laboratory and medical facility harmless for release of this information. I also release and hold harmless the Company, its directors, officers, stockholders and employees for the use of this information for employment purposes.

Applicant Name
(Please Print)



Applicant Signature Date

4022 Sergeant Rd
Waterloo, IA 50701
319-235-6505 800-342-7539
www.SilverEagleHarley.com
Dealer@SilverEagleHarley.com

Last Printed
01/19/2007