

DOC'S HARLEY DAVIDSON
930 S. Kirkwood Rd., St. Louis, MO 63122

EMPLOYMENT APPLICATION

PLEASE DO NOT WRITE IN SHADED AREAS – FOR OFFICE USE ONLY

PLEASE PRINT

First Name	M.I.	Last
Apartment #	Street Address	Preferred Name / Nickname
City	State	Zip Code
()	()	Today's Date
Home Phone	Alternate/Work Phone	E-Mail Address
		Emergency Number
		Contact

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION.

Are you interested in: Temporary / Consulting Work _____ Permanent Placement _____ Part-time _____

How did you hear about us? Classified Ad _____ Friend (Name) _____ Radio _____ Internet _____

Hourly Pay (minimum if applicable) _____ Annual Pay (minimum) _____ Annual Pay (desired) _____

Have you ever been convicted of a felony, convicted of a misdemeanor involving dishonesty or moral turpitude, or convicted in a military court martial?
 (A conviction will not automatically bar you from employment) Yes _____ No _____

If yes, Please explain _____

Is it legal for you to work in this country? Yes _____ No _____ When are you able to start work? (Date) _____

What hours do you prefer to work?
 Full-Time (normal business hours) _____ Part-Time _____ Full-Time (2nd shift) _____ Full-Time (3rd shift) _____ Weekend (Days) _____

In what local area do you prefer to work? _____

Will you work in a non-smoking office? Yes _____ No _____ Smoking office? (in states where smoking at work is allowed.) Yes _____ No _____

Can you work at locations not accessible by public transportation? Yes _____ No _____

Complete this section if you are looking for a permanent position.

Position Desired: _____

Would you consider a position involving relocation, even at your own expense?
 Yes _____ No _____

If yes, list location preferences:
 1. _____ 3. _____
 2. _____ 4. _____

Complete items that are applicable.

If presently employed, What is the name of your current
 next salary review date: employer?
 _____/_____/_____ _____

Date of Last Increase: What % Will You Travel?
 _____/_____/_____ None _____
 Amount of Last Increase: To 25 % _____
 _____ To 50 % _____
 Over 50% _____

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INTV:	TS:
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Division	Interviewer	Results
		/ / / ____
		/ / / ____
		/ / / ____

An Equal Opportunity Employer

Please complete and attach resume

IN ADDITION TO ATTACHING YOUR RESUME, please list your work experience below (last job first)

COMPANY NAME AND LOCATION	1. WHAT DOES THE COMPANY DO?	POSITION OR DUTIES	1. SALARY / PAY RATE	DATES (MM/YY)	REASON FOR LEAVING	COMPANY PHONE NUMBER
	2. SUPERVISOR'S NAME		2. BONUS			
	1.		1. \$	FROM		
	2.		2.	TO		
	1.		1. \$	FROM		
	2.		2.	TO		
	1.		1. \$	FROM		
	2.		2.	TO		
	1.		1. \$	FROM		
	2.		2.	TO		
	1.		1. \$	FROM		
	2.		2.	TO		

RELEVANT EDUCATION (LIST TWO HIGHEST):

DEGREE	COLLEGE/SCHOOL & LOCATION	MAJOR	GPA	SCALE	OTHER EDUCATIONAL INFORMATION:

Professional Certifications, Affiliations and/or Licenses (indicate state)

REFERENCES

Name	Relationship	Company	Phone/Alt. Phone

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CERTIFICATE OF CANDIDATE (To Be Completed By All Candidates)

General: I have submitted the attached form to the company for the purpose of obtaining assistance in securing permanent, temporary, or contract employment. I understand that I will never be charged a fee by the company. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application. I certify as to the accuracy of the matters set forth herein and in my resume and understand that any misstatement of fact may cause me to be refused employment or to lose my employment.

References: I hereby authorize the company and its agents to make such investigations and inquires into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this form. Furthermore, I authorize the company and its agents to release any reference information to clients who request such information for purposes of evaluating my credentials and qualifications.

Temporary/Contract Employment: If employed as a temporary or contract employee, I understand that I may be an employee of the company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the company and each client to whom I may be assigned which will require the client to pay a fee to the company in the event that I accept direct employment with the client, I agree to notify the company immediately should I be offered direct employment by a client (or by referral of the client to any subsidiary or affiliated company), either for a permanent, temporary (including assignments through another agency), or consulting positions during my assignment or after my assignment has ended.

SIGNED: _____
 (Candidate)

DATE: _____

Do you have any friends who might like to apply with us? If so, please provide names and phone numbers: