
APPLICATION FOR EMPLOYMENT

Frazier's Harley-Davidson is an equal opportunity employer. All applications will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. Frazier's Harley-Davidson strives to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.

Instructions:

- (1) Please fill out the application in the store.
 - (2) Please fill out the application completely even if you attach a resume.
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GENERAL

FULL NAME _____ DATE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

SOCIAL SECURITY # _____ - _____ - _____ START DATE _____

TYPE OF WORK DESIRED Sales Service Parts MotorClothes

EXPECTED SALARY: _____

AVAILABLE HOURS: _____

If employed and under 18, can you furnish a work permit? N/A YES NO

Have you ever been employed by this company? YES NO

Are you employed now? YES NO

If so, may we contact your present employer? YES NO

Do you have reliable transportation to and from work? YES NO

Are you prevented from lawfully becoming employed in the United States because of visa or immigration status? YES NO

Positions at Frazier's Harley-Davidson may require you to work on Saturdays. Can you fulfill this requirement? YES NO

Driver's License # _____

Can you perform the essential functions of the job(s) for which you are applying? YES NO

Are you available to work? FULL-TIME PART-TIME SEASONAL

Have you been convicted of a felony? YES NO

If yes, please explain _____

U.S MILITARY SERVICE

BRANCH OF SERVICE	OCCUPATIONAL SPECIALTY AND BRIEF DESCRIPTION	RANK ATTAINED	DATES OF SERVICE
<input type="checkbox"/> AIR FORCE <input type="checkbox"/> ARMY <input type="checkbox"/> COAST GUARD <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> NAVY <input type="checkbox"/> NATIONAL GUARD			FROM: _____/_____ MO. YR. TO: _____/_____ MO. YR.

REFERENCES

Please list 3 professional references (do not list relatives).

NAME	ADDRESS	PHONE NO.	OCCUPATION	YEARS KNOWN

PLEASE READ CAREFULLY

I understand that, with my authorization, an investigation may be made whereby information is obtained regarding my character, previous employment, military service, general reputation, educational background, credit record and/or criminal history, subject to applicable federal, state and/or local laws.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in immediate dismissal. I understand, also, that I am required to abide by all rules and regulations of Frazier's Harley-Davidson.

I understand and agree that if employed, the employment will be "at will". That is, either I or Frazier's Harley-Davidson may end the employment relationship at any time, for any reason, or for no reason. I understand that receipt of this application by Frazier's Harley-Davidson does not imply employment and that this application and/or any other Frazier's Harley-Davidson documents are not contracts of employment.

APPLICANT'S SIGNATURE

DATE SIGNED

Thanks for applying to Frazier's Harley-Davidson!

REFERENCE VERIFICATION AUTHORIZATION

I, _____, authorize Frazier's Harley-Davidson to contact
PRINT NAME
any reference I list on my application or resume. I hold harmless my previous
employer and Frazier's Harley-Davidson for any information given during reference
verification.

I, _____, authorize Frazier's Harley-Davidson to give a
PRINT NAME
reference to any future employer. I hold Frazier's Harley-Davidson, its owners,
and employees harmless for this information.

NAME _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE (_____) _____ CELL PHONE (_____) _____

APPLICANT'S SIGNATURE

DATE SIGNED

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume or other supplementary materials) are true and complete without omissions. By signing below, I authorize Frazier's Harley-Davidson to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of Frazier's Harley-Davidson as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of Frazier's Harley-Davidson or at my option, without notice, at any time and for any reason.

I also understand that no representative of Frazier's Harley-Davidson has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits or terms and conditions of employment, except as specifically stated in a current written agreement signed by the owner of Frazier's Harley-Davidson.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

I have read, understand, and agree with the above.

APPLICANT'S SIGNATURE

DATE SIGNED

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

(Retain for Frazier's Harley-Davidson employment files)

NOTICE BEFORE ORDERING CONSUMER REPORTS

(Including Motor Vehicle Reports and Credit Reports)

The Fair Credit Reporting Act (FCRA) provides individuals with certain rights regarding consumer reports and places certain obligations on employers using consumer reports for employment-related purposes. Consistent with the FCRA's requirements, this notice is provided to you in order to inform you that Frazier's Harley-Davidson may, for employment-related purposes (e.g., evaluating you for initial employment, promotions, transfers, assigned duties, retention as an employee, etc.), obtain from a consumer reporting agency one or more consumer reports containing financial information, criminal record information, driving record information and/or other relevant information about you. Frazier's Harley-Davidson will not obtain a consumer report without your signature below authorizing us to obtain one or more consumer reports.

AUTHORIZATION TO OBTAIN CONSUMER REPORTS

I hereby acknowledge that I have read and understand the contents of the above notice and, by signing below, specifically authorize Frazier's Harley-Davidson to obtain one or more consumer reports on me for employment-related purposes as indicated above.

APPLICANT'S FULL NAME

SOCIAL SECURITY #

APPLICANT'S SIGNATURE

DATE SIGNED

(Retain for Frazier's Harley-Davidson employment files)

PRE-EMPLOYMENT DRUG TESTING
CONSENT AND RELEASE FORM

Frazier's Harley-Davidson is committed to a drug-free workplace.

I hereby consent to submit to urinalysis and/or tests as shall be determined by Frazier's Harley-Davidson in the selection process of applicants for employment, for the purpose of testing for illegal drugs or alcohol.

I agree that Neighborhood Health Care may collect these specimens for these tests and may test them or forward them to a testing laboratory designated by the organization for analysis.

I further agree to and hereby authorize the release of the results of said tests to Frazier's Harley-Davidson.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at Frazier's Harley-Davidson.

I further agree to hold harmless Frazier's Harley-Davidson and its agents (including the above named physician or clinic) from any liability arising in whole or part out of the collection of specimens, testing, and use of the information from said testing in connection with the company's consideration of my employment application.

I further agree that a reproduced copy of this Pre-Employment Consent and Release Form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this Consent and Release Form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT NAME

SOCIAL SECURITY #

APPLICANT SIGNATURE

DATE SIGNED

WITNESS NAME

WITNESS SIGNATURE



AUTHORIZATION FOR RELEASE OF PERSONAL INFORMATION

I, _____, do hereby authorize a review of and full disclosure of all records concerning myself to any duly authorized agent of Frazier's Harley-Davidson, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of educational institutions; financial or credit institutions, including record of loans, the records of commercial or retail credit agencies including credit reports and/or ratings); and other financial statements of records whenever filed; medical and psychiatric treatment and/or consultation, including hospitals, clinics, private practitioners, and the U.S. Veteran's Administration; employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and the recollections of attorneys at law, or of other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by Frazier's Harley-Davidson. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information. I further release Frazier's Harley-Davidson from any and all liability which may be incurred as a result of collecting such information.

I hereby swear and affirm that each statement and all information in or supplementing this application (personal and physical evaluation) is complete, true and accurately recorded to the best of my knowledge. I UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ON THIS QUESTIONNAIRE IS GROUNDS FOR EXCLUSION FROM THE SELECTION PROCESS OR DISCHARGE IF DISCOVERED SUBSEQUENT TO EMPLOYMENT.

A photocopy of this release form will be valid as an original thereof, even though the said photocopy does not contain an original writing of my signature. I have read and fully understand the contents of this "authorization for release of personal information". I am also requesting that my application be kept confidential.

SIGNATURE OF APPLICANT

WITNESS

DATE

DATE

ADDRESS

SOCIAL SECURITY #