



Employment Application

Date Submitted ____/____/____

PERSONAL INFORMATION

Name (Last, First, Middle)	Telephone Number
Address	Cell Number
City/State/Zip	E-mail Address

Position Applied For: <input type="checkbox"/> Technician <input type="checkbox"/> Parts/Accessories <input type="checkbox"/> Motorcycle Sales <input type="checkbox"/> Other	Are You Applying For: <input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp	May We Contact Present Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Days/Hours Available		
Monday	From _____ to _____	From _____ to _____
Tuesday	From _____ to _____	From _____ to _____
Wednesday	From _____ to _____	From _____ to _____
Thursday	From _____ to _____	From _____ to _____
Friday	From _____ to _____	From _____ to _____
Saturday	From _____ to _____	From _____ to _____

What Date are you available to start work? _____

Are you legally authorized to work in the United States? Yes No

EMPLOYMENT HISTORY - Begin With Most Recent Employment

Dates From	To	Company Name	City, State
Titles and Duties -			
Reason for Leaving:		Supervisor's Name May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties -			
Reason for Leaving:		Supervisor's Name May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number

Dates From	To	Company Name	City, State
Titles and Duties –			
Reason for Leaving:		Supervisor's Name May we Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number
Dates From	To	Company Name	City, State
Titles and Duties –			
Reason for Leaving:		Supervisor's Name	Telephone Number

EDUCATION/TRAINING - Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No			
School	Name & Location	Diploma/Degree	Subject Of Specialization
College/University			
Specialized Courses & Training			
College/University			
Specialized Courses & Training			

CLERICAL SKILLS - To Be Completed for Clerical Positions

Typing, WPM		Legal Terminology <input type="checkbox"/> Yes <input type="checkbox"/> No
Shorthand, WPM		
List Specific Computer Skills –		

OTHER SPECIAL SKILLS - List Other Specific Skills You Have to Offer for This Job Opening:

REFERENCES - Give the Names of Three Persons Not Related to You

Name	Address	Telephone	Occupation

The information on this application is true and accurate to the best of my knowledge. Any false statements made intentionally will be cause for immediate reprimand and/or dismissal.

Signature: _____

Date _____