

H-D Application for Employment

Pre-Employment Questionnaire
Equal Opportunity Employer

Personal Information

DATE: _____

NAME (LAST NAME FIRST)			SOCIAL SECURITY NUMBER	
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIP CODE
HOME PHONE NUMBER			CELL PHONE NUMBER	
DO YOU HAVE A VALID DRIVER'S LICENSE FOR THIS STATE?		DRIVER'S LICENSE NUMBER		
DOES YOUR DRIVER'S LICENSE HAVE THE MOTORCYCLE ENDORSEMENT?		REFERRED BY		

Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU PRESENTLY EMPLOYED?	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	
HAVE YOU APPLIED TO H-D OF APPLETON BEFORE?	WHEN?	

Education History

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

General Information

DO YOU HAVE COMPUTER KNOWLEDGE?	DO YOU HAVE KNOWLEDGE IN ANY OF THE FOLLOWING SOFTWARE?
BASIC _____ INTERMEDIATE _____ ADVANCED _____	TALON ² _____ PEACHTREE ACCOUNTING _____
PLEASE LIST OR DESCRIBE SUBJECTS OF SPECIAL STUDY/RESEARCH, WORK, OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK
IF APPLYING FOR SERVICE, DO YOU HAVE SERVICE TOOLS?	HAVE YOU BEEN CONVICTED OF A FELONY?

Former Employers (LIST BELOW YOUR LAST FIVE EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & PHONE NUMBER OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

References (LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE _____ DATE _____

INTERVIEWED BY _____ DATE _____

DO NOT WRITE BELOW THIS LINE

Remarks

NEATNESS		CHARACTER		
PERSONALITY		ABILITY		
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

Approved

SIGNATURE	POSITION	DATE
SIGNATURE	POSITION	DATE
SIGNATURE	POSITION	DATE