

Application For Employment

HARLEY-DAVIDSON OF DANBURY
51 FEDERAL ROAD
DANBURY, CONNECTICUT 06810-4001

APPLICATION FOR EMPLOYMENT

Position Desired _____ Part time Full Time Date _____

Name _____
 (Print) Last First Middle

Present Address _____ How long have you lived there? _____
 Street & Number City State Zip Code Years Months

Previous Address _____ How long did you live there? _____
 Street & Number City State Zip Code Years Months

Telephone No. _____ Social Security No. _____

Have you ever worked for this Company before? Yes No
 If yes, please give dates and position: _____

Have you ever pled guilty, or no contest to, or been convicted of a felony? Yes No
 If yes, please give the date(s) and details: _____

Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? Yes No
 If yes, please give the date(s) and details: _____

NOTE: Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as age and time of the offense, seriousness and nature of the violation, and rehabilitation will be taken into account. (Do not include minor traffic citations and arrests or convictions which have been sealed or expunged in answering this question.)

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for **all** periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. (Add additional page if necessary.)

Present or Last Employer	Employed	Pay	Title or Position	Exact Reason for Leaving
Address	From (mo/yr)	\$ Start	Name & Title of Last Supervisor	
City, State, Zip Code	To (mo/yr)	\$ Final		
Telephone				

Present or Last Employer	Employed	Pay	Title or Position	Exact Reason for Leaving
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City, State, Zip Code	To (mo/yr)	\$ Final		
Telephone				

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_____ Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone	Employed _____ From (mo/yr) _____ To (mo/yr)	Pay \$ _____ Start \$ _____ Final	Title or Position _____ Name and Title of Last Supervisor _____	Exact Reason for Leaving
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_____ Present or Last Employer _____ Address _____ City, State, Zip Code _____ Telephone	Employed _____ From (mo/yr) _____ To (mo/yr)	Pay \$ _____ Start \$ _____ Final	Title or Position _____ Name & Title of Last Supervisor _____	Exact Reason for Leaving
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Have you ever been terminated or asked to resign from any job? Yes No

If yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No. If no, please explain: _____

Please indicate any actual experience, special training and qualifications you have that you feel are relevant to the position for which you are applying. _____

Have you ever used another name? Yes No Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and educational record? If yes, please explain: _____

If hired, can you furnish proof that you are over 18 years of age? Yes No

Are you capable of satisfactorily performing the essential job duties required of the position for which you are applying? Yes No

Do you have adequate transportation to and from work? Yes No

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EDUCATION				
School Name	Years Completed (Circle)	Diploma/ Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills and Extra-Curricular Activities
Elementary:	4 5 6 7 8			
High School:	9 10 11 12			
College/University:	1 2 3 4			
Graduate/Professional:	1 2 3 4			
Trade or Correspondence:				
Other:				

PERSONAL REFERENCES

Please list persons who know you well, but **not** previous employers or relatives

Name	Occupation	Address (Street, City & State)	Telephone Number	Number of Years Known

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant

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Applicant's Statement & Agreement

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination. I consent to the disclosure of the results of any physical examination and related tests to the Company. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that the Company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, and release them from any and all liability, claims, or damages that my directly or indirectly result from the use, disclosure or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons names herein as personal references to provide the Company with any pertinent information they may have regarding myself.

I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

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I further agree and acknowledge that the Company and I will utilize binding arbitration to resolve all disputes that may arise out of the employment context. Both the Company and I agree that any claim, officers, managers, employees, agents and parties affiliated with its employee benefit and health plans) or the Company may have against me, arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act, in conformity with the procedures of the Connecticut Arbitration Act and all of the Act's other mandatory and permissive rights to discovery. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination and harassment, whether they be based on the Connecticut Administrative Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulations), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the Connecticut Workers' Compensation Act, Connecticut Employment Development Department claims], or as otherwise required by state or federal law. However, nothing herein shall prevent me from filing and pursuing proceeding before the Connecticut Administration Agency], or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired Connecticut Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading, all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment and judgment on the pleadings, shall apply and be observed. Resolution of the dispute shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise all communications during or in connection with the arbitration proceedings are privileged. As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. I understand and agree to this binding arbitration provision, and both I and the Company give up our right to trial by jury of any claim I or the Company may have against each other.

I further agree that any disputes arising out of, under, in connection with or relating to my employment, other than a dispute for which injunctive relief is sought, shall be settled by arbitration in Danbury, Connecticut, before the American Arbitration Association in accordance with its Employment Dispute Resolution rules then in effect. The decision of the arbitrator shall be binding upon the employer, me, and our successors, heirs, and assigns and judgment upon the award rendered may be entered in any Court having jurisdiction thereof.

If hired, I agree as follows: My employment and compensation is terminable at-will, is for no definite period, and my employment may be terminated by either the Company (employer) or me at any time and for any reason whatsoever, with or without good cause.

Do not sign until you have read the above statement & agreement.

Signature of Applicant

Date