



EMPLOYMENT APPLICATION

DATE SUBMITTED: _____

Programs, services and employment are equally available to everyone. Please contact the Human Resources Department if you require reasonable accommodation for application or interview.

All applicants will receive consideration without regard to age, sex, race, color, religion, national origin or disability in accordance with applicable law.

APPLICANT INFORMATION: (Please print clearly)

How were you referred to us:

- Walk-In
- Friend, specify (optional) _____
- SMHD Employee, specify (optional) _____
- On-line
- I am an SMHD customer
- Other _____

Previously employed by SMHD: Yes No

Relatives employed by SMHD: Yes No

If yes, please list: _____

Position Applied for:

- Sales
- Parts & Accessories
- General Merchandise
- Service
- Administration

Preferred location: Maryville Pigeon Forge

Gatlinburg Either location, no preference

Last Name: _____ First Name: _____ MI _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone (home): _____ Phone (cell): _____

Email: _____ **Social Security Number:** _____

Date available to start: _____ Salary Requirements/Range: _____

If you are under 18, and we require a work permit, can you furnish one? Yes No

Are you a citizen of the United States? Yes No

If not, are you legally allowed to work in the United States? Yes No

Have you ever pleaded "guilty," "no contest" or been convicted of a crime? Yes No

If yes, please explain: _____

EDUCATION

School Name	City	State	Graduate	Major area of study
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Relevant experience, trainings, and/or certifications (i.e. computer skills and software used, technical skills—motorcycle/auto service):

EMPLOYMENT HISTORY

Please provide employment history for the past ten years including part time with your most recent job listed first.

Date of employment: from _____ to _____ Position held: _____
Company: _____ Address: _____
Phone: _____ Supervisor: _____
Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____ May we contact this employer for a reference? Yes No

Date of employment: from _____ to _____ Position held: _____
Company: _____ Address: _____
Phone: _____ Supervisor: _____
Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____ May we contact this employer for a reference? Yes No

Date of employment: from _____ to _____ Position held: _____
Company: _____ Address: _____
Phone: _____ Supervisor: _____
Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____ May we contact this employer for a reference? Yes No

Date of employment: from _____ to _____ Position held: _____
Company: _____ Address: _____
Phone: _____ Supervisor: _____
Responsibilities: _____

Starting Salary & Title: _____ Ending Salary & Title: _____
Reason for leaving: _____ May we contact this employer for a reference? Yes No

PERSONAL REFERENCES (not former employers or relatives)

Name and Occupation	Address	Telephone
Name and Occupation	Address	Telephone
Name and Occupation	Address	Telephone

STATEMENT OF PURPOSE

Please provide a brief statement about why you want to work for Smoky Mountain Harley-Davidson & Buell (use additional paper if necessary):

I certify that my answers are true and complete to the best of my knowledge. I authorize Smoky Mountain Harley-Davidson & Buell to make such investigations and inquiries about my personal employment, educational, financial, and other related matter that may be necessary for an employment decision. I hereby release employers, schools, and/or individuals from all liability when responding to inquiries in connection with my application.

In the event that I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

For office use only:

Application reviewed: _____ Interview Scheduled: Yes No If no, application filed: _____
Job offered: Yes No Position/Department: _____
Date: _____ Starting Pay Rate: _____ Hourly Salary
New employee orientation date (scheduled every Thursday between 8:30-10 AM) _____