



BMW MOTORCYCLES OF WESTERN OREGON (BMWOR), EUGENE & TIGARD APPLICATION FOR EMPLOYMENT

Date _____

This application must be completed in its entirety, but its receipt does not imply that the applicant will be employed or receive an employment offer. BMWOR considers applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Name: Last	First	Middle	Social Security No.
Street Address		Apt.	Home Phone
City	State	ZIP	Cellular Phone
Email Address			Work Phone

Other names you have worked under: _____

Position(s) Desired: _____ Desired Compensation: _____

How did you hear about this position? _____

Have you ever worked for a BMW Motorcycle dealership before? Yes No If Yes, please provide date(s) of employment. _____

Are you 18 of age or older? Yes No

Are you legally eligible to be employed in the United States? Yes No
(Proof of identity and eligibility will be required upon accepting employment.)

Do you have a valid Oregon or Washington state driver's license? Yes No

Do you have a motorcycle endorsement? Yes No

Have you given your current employer resignation notice? Yes No

May we contact your employer? Yes No

Have you ever been convicted of a crime other than a minor traffic violation in the last seven years? Yes No If Yes, please explain.

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WORK SCHEDULE AVAILABILITY

Date available to begin employment _____

I am available to work ____ Full-time ____ Part-time. Please identify days you are available to work.

MON	TUES	WED	THUR	FRI	SAT	SUN
<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning	<input type="checkbox"/> Morning
<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Afternoon
<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening	<input type="checkbox"/> Evening

NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.

Summarize special job-related skills and qualifications acquired from previous employment or other experience(s).

EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	MAJOR SUBJECT	IDENTIFY LAST YEAR ATTENDED	GRADUATE	DEGREE / CERTIFICATE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	
JUNIOR COLLEGE or TRADE SCHOOL			1 2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER (Trade or Technical)				<input type="checkbox"/> Yes <input type="checkbox"/> No	

List any special courses, seminars, and/or training you have completed that would enable you to perform the position for which you are applying.

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List any professional, trade, business or civic organizations to which you belong that deal with the position for which you are applying. (Omit any organization which reflects your race, color, religion, age, gender, sexual orientation, marital status or disabilities.)

Please explain why you want to work at BMW Motorcycles of Western Oregon.

EMPLOYMENT HISTORY

Beginning with the most recent or present position, list all employment including military service and volunteer work.

Present or Last Employer	
Address	
Telephone Number	
Starting Date/Ending Date	
Starting Salary/Ending Salary	
Position(s) Held/Primary Duties	
What did you like most about this job?	
What did you like least about this job?	
Reason for Leaving	
Are you eligible for rehire? ___ Yes ___ No If No, please explain.	
Name & title of immediate supervisor	

Present or Last Employer	
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REFERENCES

Provide the name, address, and telephone number of three business and/or professional references who are not related to you.

Name	
Street Address City STATE ZIP	
Telephone Number	
Name	
Street Address City STATE ZIP	
Telephone Number	
Name	
Street Address City STATE ZIP	
Telephone Number	

PLEASE READ BEFORE SIGNING

ACKNOWLEDGEMENT

Should I accept an employment offer, I agree to conform to the policies and procedures of BMWOR. This application for employment shall be active for 12 months. I understand that BMWOR is an "at will" employer. If employed, my employment may be terminated at any time with or without cause, with or without notice, at the option of either BMWOR or myself. I understand that no management representative other than the owners of BMWOR has any authority to enter into any agreement for employment for any specific period of time. I hereby certify that the foregoing statements are complete and correct and that no fact has been withheld which would adversely affect a decision to employ me. I understand that the information on this application is subject to verification. Falsification, misrepresentation, or omission of any required information will be justification for refusal to employ me, or if employed, for my dismissal from BMWOR. I authorize the release of information regarding my employment history, credit standing, criminal history, and education associations to BMWOR. I acknowledge that my employment at BMWOR is also contingent upon my consent to drug and alcohol testing, honesty testing, as well as insurability verification prior to hire.

Date

Applicant Name

Applicant Signature