



Office Use Only

Application for Employment

Western Power Sports, Inc.

601 East Gowen Road
Boise, Idaho 83716

Western Power Sports, Inc. is committed to the concept and practice of equal opportunity for employment without discrimination because of race, color, religion, national origin, sex, handicap, age, sexual orientation, political affiliation or any other characteristic against which discrimination is prohibited by law.

Please print legibly in blue or black ink and answer ALL questions. Leave no blanks.

PERSONAL INFORMATION

NAME _____
Last First Middle Initial

ADDRESS _____
Street City State Zip Code

Home Phone () _____ - _____ Cell Phone () _____ - _____

Email Address _____ Which is the best way to reach you? _____

Social Security Number _____ - _____ - _____ Are you under the age of 18? Yes No

Are you legally eligible for employment in the United States? Yes No

Have you been convicted of a crime, which has not been expunged or sealed by a court and other than minor traffic offenses, within the last 10 years? *(A conviction will not necessarily be a bar to employment)*
 Yes No If yes, attach a full written explanation to this application.

Drivers License Number: _____ State: _____ Any Violations? Yes No

POSITION APPLYING FOR

Position / Department Applied For: _____

Have you worked for us before? Yes No If yes, when? _____

Are you related to any employee of our company? _____
If yes, give name and relationship: _____

How were you referred? Web Site Word-of-Mouth Walk-in Temp Agency Referral
 Employee Reference: _____ Other: _____

Date available to start work: _____ Which shift(s) can you work? Days Nights Weekends

Are you applying for: Full-time Part-time Seasonal Days available: _____

Desired Salary: \$ _____ Per _____ Are you willing to work overtime? Yes No

EMPLOYMENT HISTORY

List in sequence all employers, beginning with the most recent / present employer. Explain any gaps in employment in comments section on next page. If additional space is needed, please attach separate sheet(s).

EMPLOYER	TELEPHONE	DATES EMPLOYED				Summarize the nature of the work performed and specific job responsibilities
		FROM		TO		
		Month	Year	Month	Year	
ADDRESS						
JOB TITLE		Beginning Salary		Ending Salary		
SUPERVISOR & TITLE		\$		\$		
REASON FOR LEAVING		Full-Time <input type="checkbox"/>		Part-time <input type="checkbox"/>		

EMPLOYER	TELEPHONE	DATES EMPLOYED				Summarize the nature of the work performed and specific job responsibilities
		FROM		TO		
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ADDRESS						
JOB TITLE		Beginning Salary		Ending Salary		
SUPERVISOR & TITLE		\$		\$		
REASON FOR LEAVING		Full-Time <input type="checkbox"/>		Part-time <input type="checkbox"/>		

EMPLOYER	TELEPHONE	DATES EMPLOYED				Summarize the nature of the work performed and specific job responsibilities
		FROM		TO		
		Month	Year	Month	Year	
ADDRESS						
JOB TITLE		Beginning Salary		Ending Salary		
SUPERVISOR & TITLE		\$		\$		
REASON FOR LEAVING		Full-Time <input type="checkbox"/>		Part-time <input type="checkbox"/>		

EMPLOYER	TELEPHONE	DATES EMPLOYED				Summarize the nature of the work performed and specific job responsibilities
		FROM		TO		
		Month	Year	Month	Year	
ADDRESS						
JOB TITLE		Beginning Salary		Ending Salary		
SUPERVISOR & TITLE		\$		\$		
REASON FOR LEAVING		Full-Time <input type="checkbox"/>		Part-time <input type="checkbox"/>		

May we contact your present employer? Yes No

Comments (including any gaps in employment): _____

Have you ever been terminated or suspended from any previous employment? Yes No

If yes, describe in detail: _____

EDUCATION / TRAINING

	Name & City, State of School	Course of Study	Years Completed (Mark highest)	Did you Graduate?	List Degree, Diploma, Certificate or Credits
High School or GED	,		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		
College or University	,		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4		
Graduate School	,				
Technical / Trade School	,				

List any activities, honors or offices held that are job related: _____

Is there any additional information you would like us to consider? _____

SPECIALIZED SKILLS

What professional job related licenses do you hold? _____

Typing Ability? Yes No If yes, WPM _____ Ten Key Ability? By touch By sight None

Computer Skills? Beginner Intermediate Advanced None

Warehouse Applicants Only –

Can you lift up to 50 pounds? Yes No Do you have experience with bin locations? Yes No

Are you certified to drive a forklift? Yes No If yes, what kind? _____

List any injuries you have that would prevent you from performing any work for which you are being considered: _____

PROFESSIONAL REFERENCES

List references who are familiar with your abilities, experience and character and whom you've known for at least three (3) years. DO NOT include relatives.

	NAME	TELEPHONE	OCCUPATION	YEARS KNOWN
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

DRUG TESTING

I understand it is the policy of the company/organization to conduct drug and/or alcohol tests of job applicants for the purpose of detecting drug and/or alcohol abuse, and that one of the requirements for consideration of employment with the company/organization is the satisfactory passing of the company's/organization's drug and/or alcohol test(s).

For the purpose of being further considered for employment, I hereby agree to submit to a drug and/or alcohol test.

I understand that favorable test results will not necessarily guarantee that I will be employed by the company/organization.

If I am accepted for employment, I agree to take drug and/or alcohol tests whenever requested by the company/organization, and I understand that the taking of such tests is a condition of my continued employment.

I do I do not Agree to the terms and conditions set forth above regarding drug testing

AUTHORIZATION AND RELEASE

Failure to complete all sections or to sign the application may result in your application being returned to you for completion, causing delay or possible disqualification. Please read and acknowledge the following statements:

I authorize Western Power Sports, and its employees and agents, to communicate with and make inquiries of my former employers. I understand that these inquiries may relate to my job performance, the position(s) which I held, the dates of my employment, the reasons for the termination of my employment and other job-related inquiries.

I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or omission of facts in this application may be considered cause for rejection of my application or termination of employment if discovered after being hired.

I further certify that I may lawfully be employed in this country, and if employed, will provide required documentation to verify identity and employment eligibility in the required time period.

I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

I hereby acknowledge that I have read the above statements and understand them.

Signature _____

Date _____