

<b>Please return completed applications to:</b> Smokey Point Cycle Barn P.O. Box 3338 Arlington, WA 98223	<b>H.R. Use only</b> Date Received _____	
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**NOTE: PLEASE ASK IF YOU NEED ASSISTANCE COMPLETING THIS APPLICATION**

**INFORMATION**

LAST NAME:		FIRST NAME:		MIDDLE IN:
PRESENT ADDRESS:		CITY:	STATE	ZIP:
HOME OR MESSAGE PHONE:		WORK:	E-MAIL:	
WAGE/SALARY DESIRED?				
POSITION APPLIED FOR?			DATE AVAILABLE FOR WORK?	
AVAILABLE: Days • Evenings • Weekends •			APPLYING FOR: Full time • Part time • Temporary •	
Will visa or immigration status prevent lawful employment? Yes • No • (Proof of right to work in the U.S. will be required if hired.)				
Are you 18 years or older? Yes • No • (If no, employment is subject to minimum legal age requirements.)				
Have you been convicted of a felony or released from prison within the past 10 years for an offense that may reasonably relate to the job duties of the position for which you are applying? (A conviction may not necessarily disqualify you from employment.)				
Yes • No • If yes, please indicate the date and nature of the offense:				
Do you have a Non-Compete, Non-Disclosure, or other agreement that might restrict your employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever previously applied to or been employed by this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?				
How did you learn about this position opening?				
Were you referred to this position opening? _____ If yes, by who?				
Were you known by any other name at any job or school listed on this application? What name(s)?				
At which school(s)/employer(s) were you known by this other name?				
Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If you are applying for a position that requires driving, you understand that employment is conditional on your current license being valid and your driving record meeting our insurance companies' criteria for coverage. <input type="checkbox"/> Yes <input type="checkbox"/> No				

**EDUCATION**

	Name and Location of School	Years Completed	Did you graduate?	Degrees Received
High School				
College				
Trade				
Business, or				
Graduate school				

**SKILLS**

• Supervision (yrs of experience) \_\_\_\_\_ Proficient at : • Excel • Word • Access • PowerPoint • Outlook

• Other computer skills/experience \_\_\_\_\_

\_\_\_\_\_

Summarize special job related skills acquired from employment or other experience. E.g. US Military

\_\_\_\_\_

\_\_\_\_\_

**EQUAL OPPORTUNITY EMPLOYER**

**EMPLOYMENT RECORD (INCOMPLETE APPLICATIONS CANNOT BE ACCEPTED)**

Please list your employment history below beginning with the most recent employer, include U.S. military service.

If currently employed, may we contact your employer?    Yes •    No •

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

Employer \_\_\_\_\_ Type of business \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Fax: (    ) \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_ Telephone (    ) \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_ Reason for leaving \_\_\_\_\_ Wage/Salary \_\_\_\_\_  
Duties \_\_\_\_\_

I certify that the information given by me is true and complete to the best of my knowledge. I understand that if I am employed, the discovery that I gave false information during the application process may result in immediate dismissal.

I authorize Cycle Barn to investigate all statements contained in this application and to request information about me from previous employers, educational institutions, and references. I expressly authorize my previous employers to provide information and opinions concerning my work and work habits. Further, I release all parties and persons connected with any requests for information from all claims, liabilities, and damages for whatever reason, arising out of furnishing any information. If employed, I release Cycle Barn from any liability for future references it may provide regarding my work history with Cycle Barn.

Due to the large number of applications that Cycle Barn receives, I understand they cannot guarantee that my application will be considered for any or all-open positions Cycle Barn may have or that my application will be considered for any specific time.

In the event of employment, I understand that I am required to abide by all current and subsequently issued rules and regulations of Cycle Barn and that my employment and compensation may be terminated, at any time, with or without notice, by either party.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date