



Cagiva USA is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal Data

First Name _____ Middle _____ Last _____
Street Address _____ City _____ State _____ Zip Code _____
Home Telephone Number _____ Social Security Number _____ Today's Date _____

Daytime Telephone Number at which we may contact you _____

Are you 18 years of age or older? Yes _____ No _____ Have you ever been convicted of a crime? Yes _____ No _____

If "yes", please explain: _____

Position Preferences

For what position are you applying? _____

Salary desired: \$ _____ per _____ (specify hour, week or year)

Schedule desired: Full Time _____ Part Time _____ # of Hours Per Week _____ Could you work overtime? Yes _____ No _____

What date could you start work? _____ Could you travel if required by this position? Yes _____ No _____

Education

High School

School Name: _____ City and State: _____

Number of Years Completed: _____ Grade Point Average: _____

College / University

School Name: _____ City and State: _____

Number of Years Completed: _____ Grade Point Average: _____

Degree Awarded: _____ Major / Subject: _____

List any certificates earned or in progress, and/or any additional training programs not included in your formal education.

List any Professional Affiliations to which you belong (please do not list activities which would indicate age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief, or disability):

Previous Employment

List your current or most recent employment first. Include work related internships, military and volunteer work.

Current Employer: _____

City and State: _____

Telephone Number: _____ Supervisor's Name and Title: _____

Position Title: _____ Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____ May We Contact Your Employer: Yes _____ No _____

Previous Employer: _____

City and State: _____

Telephone Number: _____ Supervisor's Name and Title: _____

Position Title: _____ Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____ May We Contact Your Employer: Yes _____ No _____

Previous Employer: _____

City and State: _____

Telephone Number: _____ Supervisor's Name and Title: _____

Position Title: _____ Reason for Leaving: _____

Salary: _____ per Hour Week Month Year (circle one)

Dates of Employment: From: _____ To: _____ May We Contact Your Employer: Yes _____ No _____

Professional References

Name	Title	Company	Phone	Professional Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Cagiva USA and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Initials

All hiring and employment at Cagiva USA is at will. I understand this application is not an employment contract, nor can it be used to create one. Employment by Cagiva USA has no specific term and may be terminated by the employee or Cagiva USA with or without notice. I acknowledge that Cagiva USA has not made any promises or representations that differ from those contained in this paragraph.

I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with Cagiva USA, and that failure to provide this evidence will result in the termination of my employment.

I release and agree to hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to Cagiva USA I agree to release and hold harmless Cagiva USA from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with Cagiva USA may be terminated.

Applicant's Signature

Date

Applicant Release

Please submit a resume with this Employment Application.

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that investigative background inquiries are to be made on me including consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, and experience along with reasons for termination of employment from previous employers. Further I understand that the company will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, and other experiences as well as claims involving me in the files of insurance companies.

I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from Cagiva USA and/or any of their agents. This authorization and consent shall be valid in original, fax, or copy form.

Applicants Name _____ Signature _____ Date: _____

The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Please Print Clearly:

Print Full Name: _____ Sex: Male _____ Female _____

Print other names you have used: _____ Dates used: _____

Date of Birth (mm/dd/yy): _____ Social Security #: _____

Current Drivers License #: _____ Issuing State: _____

Other Drivers License #s: _____ Issuing State: _____
(list last 7 years only)

Home Addresses (for the last 7 years, list most current first -- use back for more space):

Street: _____

City: _____ State: _____ Zip: _____ County: _____

From - To Dates: _____ - _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

From - To Dates: _____ - _____

Street: _____

City: _____ State: _____ Zip: _____ County: _____

From - To Dates: _____ - _____