



Koup's Cycle Shop Inc

**189 N. HARRISBURG STREET
HARRISBURG, PA 17113**

**717-939-7182
FAX: 717-939-1018
EMAIL: DKOUP@KOUUPS.COM**

WWW.KOUPS.COM

Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Social Security No.		Desired Salary
Position Applied for Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you currently own a Motorcycle or ATV? YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you have a valid Motorcycle Drivers License?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Can you work any shift? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever been convicted of a crime?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain

EDUCATION			
High School		City/State	
Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College Trade		City/State	
Did you graduate?		YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list references.</i>	
Full Name	Relationship
City / State	Phone ()
Full Name	Relationship
City / State	Phone ()
Full Name	Relationship
Company	Phone ()

MOTORCYCLE TECHNICIAN APPLICANTS ONLY
Do you have a valid PA Motorcycle State Inspection License? YES <input type="checkbox"/> NO <input type="checkbox"/>
Tools Owned: Basic <input type="checkbox"/> Specialty <input type="checkbox"/> Electrical Meters <input type="checkbox"/> Rolling Tool Box <input type="checkbox"/> Torque Wrench <input type="checkbox"/> Compression Gauge <input type="checkbox"/>
Adjusted Valves? V-Twins <input type="checkbox"/> 4 Cylinders <input type="checkbox"/> Singles/Twins <input type="checkbox"/>
List other skills:

PREVIOUS EMPLOYMENT			
Company		Phone ()	
City / State		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
City / State		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
City / State		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. I authorize Koup's Cycle Shop Inc. to do a background check that may include criminal history. We are a smoke, drug and alcohol free work environment. Drug testing may be done at random.</p> <p>If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.</p> <p>Koup's Cycle Shop Inc. is an equal opportunity employer.</p>	
Signature	Date