

**BAY CITY BIKE APPLICATION FOR EMPLOYMENT**  
**PRE-EMPLOYMENT QUESTIONNAIRE // EQUAL OPPORTUNITY EMPLOYER**

**PERSONAL INFORMATION**

FULL LEGAL NAME:		SOCIAL SEC.	
ADDRESS:			
CITY:	STATE:	ZIP:	EMAIL:
HOME PHONE:	WORK:	CELL:	

**EMPLOYMENT DESIRED**

POSITION:	START DATE:	DESIRED SALARY:
ARE YOU CURRENTLY EMPLOYED? (Y/N)	IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? (Y/N)	ARE YOU LEGALLY AUTHORIZED TO WORK IN THE US? (Y/N)

**EDUCATION HISTORY**

	NAME AND LOCATION OF SCHOOL	DATES	DID YOU GRADUATE?	SUBJECT STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE OR BUSINESS SCHOOL				

**EMPLOYMENT HISTORY** *(start with most recent position first)*

DATE (MONTH & YEAR)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				
FROM TO				

**BACKGROUND QUESTIONS** *(Additional writing space available on page last page if needed)*

DO YOU HAVE ANY SIGNIFICANT GAPS IN EMPLOYMENT? (Y/N)  
 IF SO, PLEASE EXPLAIN:

HAVE YOU EVER BEEN FIRED FROM A POSITION? (Y/N)  
 IF SO, PLEASE EXPLAIN:

**JOB RELATED QUESTIONS** *(Additional writing space available on last page if needed)*

DO YOU HAVE PREVIOUS PROFESSIONAL EXPERIENCE WORKING WITH BICYCLES? (Y/N)  
 IF SO, PLEASE EXPLAIN:

**JOB RELATED QUESTIONS (CONTINUED)**

DO YOU HAVE PREVIOUS *PERSONAL* EXPERIENCE WITH BICYCLES? (Y/N)  
 IF SO, PLEASE EXPLAIN:

DO YOU HAVE ANY BICYCLE MECHANIC EXPERIENCE? (Y/N)  
 IF SO, PLEASE EXPLAIN:

DO YOU HAVE PREVIOUS CUSTOMER SERVICE EXPERIENCE? (Y/N)  
 IF SO, PLEASE EXPLAIN:

DO YOU HAVE PREVIOUS MANAGEMENT EXPERIENCE? (Y/N)  
 IF SO, PLEASE EXPLAIN:

**PROFESSIONAL REFERENCES (must provide a minimum of two)**

NAME	RELATIONSHIP	CONTACT PHONE	YEARS KNOWN

**PERSONAL REFERENCES (optional)**

NAME	RELATIONSHIP	CONTACT PHONE	YEARS KNOWN

**BACKGROUND CHECK & CONSENT**

I HEREBY AUTHORIZE BAY CITY BIKE RENTALS AND TOURS TO UTILIZE THE INFORMATION PROVIDED ON THIS APPLICATION TO INVESTIGATE MY PERSONAL HISTORY, PROFESSIONAL CREDENTIALS, MILITARY SERVICE RECORDS, CRIMINAL, DRIVING, FINANCIAL AND CREDIT RECORDS THROUGH ANY AVAILABLE AND LEGALLY COMPLIANT INVESTIGATIVE OR CREDIT BUREAUS.

DATE OF BIRTH** (MM/DD/YY)	DRIVERS LICENSE # AND STATE	CURRENT COUNTY OF RESIDENCE
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PREVIOUS ADDRESS:

CITY:	STATE:	ZIP:
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\*\* THE EEOC STATES FOR THE PURPOSE OF PRE-EMPLOYMENT INQUIRIES, UNDER THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967, SECTION 1625.6, "A REQUEST ON THE PART OF AN EMPLOYER FOR INFORMATION SUCH AS 'DATE OF BIRTH' OR 'STATE AGE' ON AN EMPLOYMENT APPLICATION FORM IS NOT, IN ITSELF, A VIOLATION OF THE ACT."

SIGNATURE:	DATE:
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<p>I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.</p>	
<p>I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.</p>	
<p>I UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED COMPANY REPRESENTATIVE.</p>	
<p>THIS WAIVER DOES NOT PERMIT THE RELEASE OR USE OF DISABILITY-RELATED OR MEDICAL INFORMATION IN A MANNER PROHIBITED BY THE AMERICANS WITH DISABILITIES ACT (ADA) AND OTHER RELEVANT FEDERAL AND STATE LAWS.</p>	
<p>PRINTED NAME:</p>	<p>DATE:</p>
<p>SIGNATURE:</p>	

*PLEASE ATTACH RESUME*