



French Lick/West Baden Indoor Karting

P.O. Box 149
French Lick, Indiana 47432
812-936-5390



Application for Employment

We are an equal opportunity employer and do not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name: _____ Today's Date: _____

Social Security Number: _____

Address: _____

Telephone #: _____ Cell Phone # _____

E-mail _____ Date available to start work: _____

Position(s) applied for or type of work desired: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Are you 18 years or older? _____ Yes _____ No

Are you currently employed? _____ Yes _____ No

May we contact your present employer? _____ Yes _____ No

Do you have a valid driver's license? _____ Yes _____ No

Do you have reliable transportation? _____ Yes _____ No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Have you ever been previously employed by our organization? _____ Yes _____ No

Do you have any objectives to pre-employment and random drug tests? _____ Yes _____ No

Have you ever been convicted of a crime? (Misdemeanor and/or Felony) _____ Yes _____ No

If yes, please explain (a conviction will not automatically bar employment): _____

How were you referred to us? _____

Other Skills and Qualifications

Summarize any job-related training, skills, licenses, certificates, and/or other qualifications:

Educational History

Education	Name & Location of School	Years Attended	Did you graduate?	Degrees Earned
High School				
University/College				
Business, Military, Trade, Other				

References List 3 references' (do not include relatives or employers):

Reference Name	Telephone Number	Years Known



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Employment History

Please provide all employment information for your past four employers starting with the **most recent**.

Employer: _____ Position held: _____
Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____
Job summary: _____
Reason for leaving: _____

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Address: _____ Telephone #: _____
Immediate supervisor and title: _____
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Address: _____ Telephone #: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____
Job summary: _____
Reason for leaving: _____

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability the potential employer and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information.

I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment. Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I also understand I will be required to pass a drug test administered by French Lick Indoor Karting, LLC. and if I do not pass I will not be considered for employment or if at any time after employment I fail to pass a drug test my employment will be terminated.

I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Applicant signature: _____ Date: _____