

Indiana Railway Museum, Inc.

d.b.a. French Lick Scenic Railway
P.O. Box 150, French Lick, IN 47432
812-936-2405

EMPLOYMENT APPLICATION										
Full Name										
		<i>Last</i>			<i>First</i>			<i>Middle</i>		
Address										
		<i>Street Address</i>						<i>Apartment #</i>		
		<i>City</i>				<i>State</i>		<i>Zip Code</i>		
Phone		()			Email					
		<input type="checkbox"/> Cell	<input type="checkbox"/> Home		Social Security Number					
Date Available					Desired Wage		\$			
Position Applying For										
Type of Employment		<input type="checkbox"/> Full-time			<input type="checkbox"/> Part-time			<input type="checkbox"/> Seasonal		
		<input type="checkbox"/> Internship/Workstudy								
Can you work overtime?					<input type="checkbox"/> Yes <input type="checkbox"/> No					
Can you work weekends?					<input type="checkbox"/> Yes <input type="checkbox"/> No					
Can you work an irregular schedule?					<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you at least 18 years of age?					<input type="checkbox"/> Yes <input type="checkbox"/> No		If no, please state birthdate.			
Are you a citizen of the United States?					<input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have authorization to work?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you applied with us before?					<input type="checkbox"/> Yes <input type="checkbox"/> No		When?			
Have you worked with us before?					<input type="checkbox"/> Yes <input type="checkbox"/> No		When?			
Do you have any activities or commitments that might restrict the hours or days which you can work?					<input type="checkbox"/> Yes <input type="checkbox"/> No		Explain:			
Have you been convicted of a felony?					<input type="checkbox"/> Yes <input type="checkbox"/> No		Explain:			
Have you ever been convicted, pled guilty to, or No Contest to a crime? (This includes, but is not limited to, any DUI, OWI, and any deposition that included a deferred sentence.)					<input type="checkbox"/> Yes <input type="checkbox"/> No		Explain:			
Have you ever been discharged or asked to resign from a position?					<input type="checkbox"/> Yes <input type="checkbox"/> No		Explain:			
Note: A criminal background check will be performed on every applicant offered employment. A yes answer to any of the above questions does not automatically disqualify you from employment.										
EDUCATION										
High School					Address					
From:			To:							
College					Address					
From:			To:							

EDUCATION CONTINUED

Other:				Address	
From:		To:			
Other Skills	<input type="checkbox"/> Cash Handling <input type="checkbox"/> Certifications (attach sheet)	<input type="checkbox"/> Reservations Systems Which One? _____	<input type="checkbox"/> Computer Skills Which Programs? _____		

EMPLOYMENT HISTORY

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Company		Phone	()	
Address				
	City		State	Zip Code
Job Title			Supervisor	
Responsibilities				
Starting Salary			Ending Salary	
From	To		Reason for leaving	
May we contact your supervisor for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please initial _____

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Company		Phone	()	
Address				
	City		State	Zip Code
Job Title			Supervisor	
Responsibilities				
Starting Salary			Ending Salary	
From	To		Reason for leaving	
May we contact your supervisor for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please initial _____

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Company		Phone	()	
Address				
	City		State	Zip Code
Job Title			Supervisor	
Responsibilities				
Starting Salary			Ending Salary	
From	To		Reason for leaving	
May we contact your supervisor for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please initial _____

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Company		Phone	()	
Address				
	City		State	Zip Code
Job Title			Supervisor	
Responsibilities				
Starting Salary			Ending Salary	
From	To		Reason for leaving	
May we contact your supervisor for a reference?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If no, please initial _____

REFERENCES

Please list three (3) Professional references.

Full Name:				Relationship		
Company				Phone	()	
Address						
	City		State		Zip	

Full Name:				Relationship		
Company				Phone	()	
Address						
	City		State		Zip	

Full Name:				Relationship		
Company				Phone	()	
Address						
	City		State		Zip	

MILITARY SERVICE

Branch			From		To	
Rank at Discharge			Type of Discharge			
If other than honorable, explain:						

DISCLAIMER & SIGNATURE

The Indiana Railway Museum is an Equal Opportunity Employer

Applicant's Statement & Agreement

I understand if I am hired by The Indiana Railway Museum or any of its subsidiaries, my employment will be for no set period of time, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment for any reason and at any time with or without notice and that the Indiana Railway Museum that hired me has the same right. No one other than the General Manager has the authority to modify this arrangement or make any agreement with me to the contrary. Any such modification must be in writing. To the extent that the law permits, I understand that the Indiana Railway Museum reserves the right to require me to submit at any time to a drug, alcohol and/or medical examination. To the extent the law permits, I also authorize the Indiana Railway Museum to investigate my background, including but not limited to my driving record, my criminal history, and my credit history. I further understand that the Indiana Railway Museum may contact previous employers and I authorize those employers to disclose to the Indiana Railway Museum all records and other information pertinent to my employment with them. I also authorize the Indiana Railway Museum to provide truthful information concerning my employment with the Indiana Railway Museum to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be complete, true, and accurate to the best of my knowledge. I understand that if I am employed and any such information is later found to be incomplete false, or misleading in any respect, I may be terminated. If employed, I agree that I am responsible for any company property not returned at the end of my employment.

PLEASE READ THE ABOVE STATEMENT BEFORE YOU SIGN

Signature

Date

Signature of Parent or Guardian if under 18 years of age

Date