



35103 Hwy 35

Polson, MT 59860

406-887-2096

Employment Application

An Equal Opportunity Employer

East Shore Smoke House is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the organization.

Please print and fill out all sections

Applicant Information:

Applicant Name: _____

Home Phone: _____ Other Phone: _____

Current Address: _____

Email Address: _____

How were you referred to the Smoke House? _____

Position(s) applying for: _____

Are you applying for:

Temporary work (such as summer or holiday work)? [] Yes [] No

Regular part-time work? [] Yes [] No

Regular full-time work? [] Yes [] No

What days and hours are you available for work? _____

If hired, on what date can you start working? ___ / ___ / ___

Can you work on the weekends? [] Yes [] No

Can you work evenings? [] Yes [] No

Personal Information:

If hired, would you have transportation to/from work? [] Yes [] No

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) [] Yes [] No

If hired, would you be able to present evidence of your U.S. citizenship or proof of your legal right to work in the United States? [] Yes [] No

Are you able to perform the essential functions of the job for which you are applying, either with / without reasonable accommodation? [] Yes [] No

If no, describe the functions that cannot be performed

Education, Training and Experience

High School:

School name: _____

School city, state: _____

Did you graduate? [] Yes [] No Year graduated: _____

Special skills and qualifications:

List job-related licenses, skills, training, honors, awards, and special accomplishments

Employment History

1. (Most Recent)

Employer _____

Job title _____

Address: _____

Supervisor: _____

Phone: _____

Reason for leaving:

Dates worked: _____

May we contact your present employer? [] Yes [] No

2.
Employer _____

Job title _____

Address: _____

Supervisor: _____

Phone: _____

Reason for leaving:

Dates worked: _____

May we contact your present employer? Yes No

3.
Employer _____

Job title _____

Address: _____

Supervisor: _____

Phone: _____

Reason for leaving:

Dates worked: _____

May we contact your present employer? Yes No

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT ANY FALSE INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR NOT HIRING ME.

DATE _____ SIGNATURE _____