



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:

How were you referred to ESSH?

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 applying for temporary work, when will you be available?

If hired, on what date can you start working?

Can you work evenings?      Yes      No

Can you work on the weekends?      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

**Special skills and qualifications:**

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

Employment History

1. (Most Recent)

Employer:

Address:

Supervisor:

Phone:

Reason for leaving:

Dates worked:

May we contact your present employer?      Yes      No

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2.

Employer:

Address:

Supervisor:

Phone:

Reason for leaving:

Dates worked:

3.

Employer:

Address:

Supervisor:

Phone:

Reason for leaving:

Dates worked:

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:

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Last Updated 05/01/2018

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