

35427 Hwy 35 Polson, MT 59860 406-887-2020 Employment Application

An Equal Opportunity Employer

FPG Restaurant, LLC 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	r Phone:
Current Address:	
Email Address:	
How were you referred to the Finley Point Grill?	
Position(s) applying for:	
Are you applying for:	
Temporary work (such as summer or holiday work)	? [] Yes
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	0
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:				
Reason for leaving:				
Dates worked:				
May we contact your				
3. Employer				
Job title				
Address:				
Supervisor:				
Reason for leaving:				
Dates worked:				
May we contact your	present employer?	[]Yes	[] No	
I CERTIFY THAT TH AND COMPLETE TO FALSE INFORMATIC ME.	THE BEST OF MY K	NOWLEDGE	AND UNDERST	TAND THAT ANY
DATE	SIGNATURE	<u> </u>		