



# Town of Scotland Application for Employment

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

Date: \_\_\_\_\_

## Personal Information

\_\_\_\_\_  
Name (last, first, middle):

\_\_\_\_\_  
Present Address:

\_\_\_\_\_  
Permanent Address:

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you authorized to work in the U.S.?  Yes  No

*If employed, you must show documents that prove your identity and employment eligibility as required by the Immigration Reform and Control Act of 1986.*

## Employment Desired

Position: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

Are you employed now?  Yes  No

If so, can we inquire of your present employer?  Yes  No

Ever applied to the Town of Scotland before?  Yes  No When: \_\_\_\_\_

Referred by: \_\_\_\_\_

Education	Name and location of school	Number of Years Attended	Did you graduate?	Subjects Studied / Degree
High School				
College				
Post-Graduate School				
Trade, Business, or Correspondence School				

**General\***

Subjects of special study or research work: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Activities (civic, athletic, etc.): \_\_\_\_\_

\*Excludes organizations, the name of which indicates the race, creed, sex, age, marital status, color, or national origin of its members.

U.S. Military or Naval Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Present Membership in National Guard or Reserves:  Yes  No

CDL License:  Yes  No

**Former Employers** (List below the last three employers, starting with the last one first.)

Date (month/year) From – To	Name and Location of Employer	Position	Reason for leaving

**References:** Give the contact information for at least three business-related references.

Name	Business Relationship	Company Name	Can be reached at:

"I certify that all the information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my application may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. **I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract.**

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Town of Scotland and as permitted by law.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- The Town of Scotland (the "Town") is an equal opportunity provider and employer, dedicated to a policy of nondiscrimination in employment on any basis prohibited by law. The Town considers applicants for all positions without regard to race, color, national origin, age, disability, sex, gender identity, religion, veteran status, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information.
- This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination.