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: ________________________________________________

<table>
<thead>
<tr>
<th>Education</th>
<th>Name and location of school</th>
<th>Number of Years Attended</th>
<th>Did you graduate?</th>
<th>Subjects Studied / Degree</th>
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<tbody>
<tr>
<td>High School</td>
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<td>College</td>
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<td>Post-Graduate School</td>
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<tr>
<td>Trade, Business, or Correspondence School</td>
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**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.)

<table>
<thead>
<tr>
<th>Date (month/year) From – To</th>
<th>Name and Location of Employer</th>
<th>Position</th>
<th>Reason for leaving</th>
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**References:** Give the contact information for at least three business-related references.

<table>
<thead>
<tr>
<th>Name</th>
<th>Business Relationship</th>
<th>Company Name</th>
<th>Can be reached at:</th>
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*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.