



CITY OF MEDFORD
TRAFFIC SUPERVISOR APPLICATION

DATE OF APPLICATION: _____

NAME: _____

ADDRESS: _____

TEL. NO.: _____ D.O.B: _____ S.S. # _____

HAVE YOU EVER BEEN EMPLOYED BY THE CITY? YES ___ NO ___

IF YES, WHICH DEPARTMENT: _____ DATES: _____

ARE YOU EMPLOYED NOW? YES _____ NO _____

MAY WE CONTACT YOUR EMPLOYER? YES _____ NO _____

EMPLOYER _____ TEL. NO.: _____

ADDRESS: _____

JOB TITLE: _____ SUPERVISOR: _____

WHEN WOULD YOU BE AVAILABLE FOR WORK? _____

ARE YOU PRESENTLY ON LAY-OFF? YES _____ NO _____

ARE YOU A VETERAN OF THE U.S MILITARY? YES _____ NO _____

EDUCATION

SCHOOL NAME

HIGH

COLLEGE

Years completed

9 10 11 12

1 2 3 4

DEGREE RECEIVED: _____

Response to the following is voluntary. Failure to provide the information requested will not adversely affect your application. (Circle one for each statement.)

I am: Male Female

I am: (2) White (3) Black (4) Hispanic (5) Asian

(6) American Indian or Alaskan Native (7) Cape Verdean

I declare that all of the information I have provided on this application is true, and I understand that falsification of any information is subject to the penalties for perjury and may result in discharge. I authorize investigation of all statements contained in this application.

Signature: _____ **Date:** _____

