

City of Medford

Application for Employment

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, political affiliation, or the presence of a non-job related medical condition or disability, or any other legally protected status.

PLEASE PRINT

Position Applied For: _____ Date: _____

Last _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Telephone: _____ Social Security Number: # _____

If you are under 18 years of age, can you furnish a work permit Yes No
Have your ever been employed here before? Yes No
Are you legally eligible for employment in this country? Yes No
(proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work ____ / ____ / ____

Type of employment desired: Full Time Part Time Temporary
 Seasonal Education Co-op

Have you ever been convicted of a felony? Yes No
(Such conviction may be relevant if substantially job-related, but does not bar you from employment)

If yes, please explain _____

Driver's license number (if required by job) _____ State: _____

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

(1)

From	To	Employer	Telephone Number
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Job Title	Address
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Immediate Supervisor & Title

Summarize the Nature of Work Performed & Job Responsibilities

Reason for Leaving

Hourly Rate/Salary

Start \$ _____ per _____ Final \$ _____ per _____

(2)

From	To	Employer	Telephone Number
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Job Title	Address
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Immediate Supervisor & Title

Summarize the Nature of Work Performed & Job Responsibilities

Reason for Leaving

Hourly Rate/Salary

Start \$ _____ per _____ Final \$ _____ per _____

Employment History Continued

(3)

From To Employer Telephone Number

Job Title Address

Immediate Supervisor & Title

Summarize the Nature of Work Performed & Job Responsibilities

Reason for Leaving

Hourly Rate/Salary

Start \$ _____ per _____ Final \$ _____ per _____

(4)

From To Employer Telephone Number

Job Title Address

Immediate Supervisor & Title

Summarize the Nature of Work Performed & Job Responsibilities

Reason for Leaving

Hourly Rate/Salary

Start \$ _____ per _____ Final \$ _____ per _____

Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our City.

Educational Background

Name & Location	Years Completed	Did you Graduate	Course of Study
-----------------	-----------------	------------------	-----------------

High School

College	Major	Degree
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Other

References

Name	Telephone	Years Known
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Name	Telephone	Years Known
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Name	Telephone	Years Known
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It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives for seeking such information and all other persons, corporations and organizations for furnishing such information.

Signature of Applicant

Date

Authorization and Acknowledgement for Employment

I certify the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answers given by me are incomplete, misleading or incorrect, I may be terminated. I agree that the City of Medford shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to the City of Medford any information requested regarding my employment, character, experience, qualifications and/or suitability for employment with the City including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to an appointment to a position with the City. Refusal to participate will result in the rejection of my application.

Applicant's Signature

Date

The City of Medford is an Equal Opportunity Employer

Revised 2/02

MyDocuments\Forms\Application Form-Employment

CITY OF MEDFORD
639 South Second Street
Medford, WI 54451-2058

COMMERCIAL VEHICLE DRIVER APPLICANT
Controlled Substance and Alcohol Questionnaire
Information Requested Pursuant to 49 C.F.R. 40.25(5)(j)

We must ask any applicant for a driving position with the City whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the applicant applied for, but did not obtain, "safety-sensitive transportation work" (driving a commercial motor vehicle) during the past two years. Please complete the following:

Application Date: _____

Name _____
 First _____ Middle _____ Last _____

Address _____ Home Telephone _____

City _____ State _____ Zip _____ Cell Telephone _____

Date of Birth _____ Social Security Number _____ - _____ - _____

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, <u>safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules</u> during the past two years?		Yes	No
		Yes	No
If Yes	Have you successfully completed the return-to-duty process?		No
If Yes	Documentation <u>MUST BE PROVIDED</u> before any safety-sensitive transportation function is performed.		

This certifies that I completed this addendum to the employment application, and that all information is true and complete to the best of my knowledge. I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

Applicant's Signature _____
Date

TO BE COMPLETED BY CITY OF MEDFORD

Received by: _____
 Title: _____ Date: _____