



6. List any special training, licenses, certificates, machine skills, office equipment, languages, or other special skills you may have that are pertinent to the position.

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KEYBOARDING SPEED: \_\_\_\_\_

7. **REFERENCES** - List the names of three professional/occupational references other than relatives.

Name	Business	Position	Phone Number

**This section must be completed. A resume will not be accepted as a substitute.**

8. **EMPLOYMENT HISTORY** - Beginning with your present or most recent job, describe your work experience during the past TEN years. Include all non-paid or volunteer work. Also list any prior work experience related to the duties of the position for which you are applying. If you need more space, please attach additional sheets. Explain gaps in employment.

**PRESENT OR LAST EMPLOYER**

Employer	Address	From: _____ Month Year
Job Title	Supervisor's Name and Phone Number	
Specific Duties	Title	To: _____ Month Year
		Full Time: _____
		Part Time _____
Reason for leaving:		Start Salary \$ _____
		Last Salary \$ _____
If you still work here, May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employer	Address	From: _____ Month Year
Job Title	Supervisor's Name and Phone Number	
Specific Duties	Title	To: _____ Month Year
		Full Time: _____
		Part Time _____
Reason for leaving:		Start Salary \$ _____
		Last Salary \$ _____

Employer	Address	From: _____ Month Year To: _____ Month Year Full Time: _____ Part Time _____ Start Salary \$ _____ Last Salary \$ _____
Job Title	Supervisor's Name and Phone Number	
Specific Duties	Title	
Reason for leaving:		

Employer	Address	From: _____ Month Year To: _____ Month Year Full Time: _____ Part Time _____ Start Salary \$ _____ Last Salary \$ _____
Job Title	Supervisor's Name and Phone Number	
Specific Duties	Title	
Reason for leaving:		

9. State your reason for desiring work with the City of Medford and add any other information pertinent to your application.

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10. I hereby certify that this application contains no misrepresentations or falsifications and that the information given is true and complete to the best of my knowledge and belief. I understand that misrepresentation or omission of facts called for in this application is cause for cancellation of the application and/or dismissal from employment no matter how or when discovered. I understand that if any health conditions have arisen that may hinder the performance of my duties, I will notify the City of Medford prior to accepting employment. I authorize the City of Medford to make any necessary and appropriate investigations to verify the information contained herein. I authorize the City of Medford to obtain any information relating to my employment history. This information may include, but is not limited to, attendance, achievement, performance, personal attributes, or discipline and I release any individual from all liability for damages that may result to me on account of compliance or any attempt to comply with this authorization.

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

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