



## CITY OF MEDFORD TRAFFIC SUPERVISOR APPLICATION

Date of Application:

Name:

Address:

Phone:

Email:

D.O.B:

S.S.#

Have you ever been employed by the City of Medford?  YES  NO

If yes, which department: fewafe

Dates:

Are you employed now?  YES  NO

May we contact your employer?  YES  NO

Employer:

Phone:

Address:

Job Title:

Supervisor:

When would you be available for work?

Please list all social media websites you have or have had accounts with (Facebook, Twitter, Instagram, etc.)

Are you presently on lay-off?  YES  NO

Are you a veteran of the U.S Military?  YES  NO

### EDUCATION

High School Name: \_\_\_\_\_ Years Completed:  9  10  11  12

College Name: \_\_\_\_\_ Years Completed:  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:  White  Black  Hispanic  Asian  
 American Indian or Alaskan Native  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: \_\_\_\_\_



# MEDFORD POLICE

*Chief of Police*

100 Main Street  
Medford, MA 02155  
Office: 781.391.6408  
Fax: 781.395.5177

From The Desk of  
Chief Leo A. Sacco Jr.

## RELEASE OF INFORMATION

DATE: \_\_\_\_\_

### TO WHOM IT MAY CONCERN:

I hereby authorize Chief Leo A. Sacco Jr., or his authorized representative bearing this release, or copies thereof, within 180 days of the signature date, to obtain and discuss any information in your files pertaining to my employment, military, educational records, including history, criminal, disciplinary, and credit records. I thereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the Medford Police Department. I hereby release you, as custodian of such records, and any school, college, university, or other educational institution, credit bureau, lending institution, consumer reporting agency, or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release such information, or any attempt to comply with it.

**NOTE:** This information is for employment purposes only.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

PLEASE LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN (i.e maiden name, aliases, birth name, etc.....)

\_\_\_\_\_