



CITY OF MEDFORD
TRAFFIC SUPERVISOR APPLICATION

Date: _____

Name: _____

Address: _____

Phone: _____ Email: _____

DOB: _____ SSN: _____

Have you ever been employed by the City of Medford? Yes or No

If yes, which department: _____

Dates employed: _____

Are you currently employed? Yes or No

May we contact your employer? Yes or No

If yes, 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 laid off? Yes or No

Are you a US Military veteran? Yes or No

Education

High school name: _____ Years completed 9 10 11 12

College name: _____ Years completed 1 2 3 4 (or more)

Degree received: _____

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 of perjury and may result in discharge. I authorize investigation of all statements contained in this application.

Signature: _____ Date: _____



AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Chief Jack D. Buckley 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, educational records, medical/psychological records, criminal history, disciplinary history, 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 record, 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

LAST NAME	FIRST	MIDDLE	DOB
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SIGNATURE	DATE
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PLEASE LIST ANY OTHER NAMES BY WHICH YOU MAY HAVE BEEN KNOWN
(MAIDEN NAME, ALIASES, BIRTH NAME, ETC.)
