

200 South Ivy Street - Room 177 Medford, Oregon 97501 (541) 774-2440 or (541) 774-2437 FAX: (541) 774-2555 THE MEDFORD WATER COMMISSION IS AN EQUAL OPPORTUNITY EMPLOYER AND SHALL NOT DISCRIMINATE AGAINST AN EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, AGE, MARITAL STATUS, NATIONAL ORIGIN, MENTAL OR PHYSICAL DISABILITY UNLESS BASED UPON A BONA FIDE OCCUPATIONAL QUALIFICATION.

DIRECTIONS: Supply answers to all questions. Write N/A if the question is not applicable. **SIGN YOUR NAME WHEN COMPLETED.** Failure to observe directions will result in your application not receiving consideration.

Are you able to work at a	ny of the Wate	r Commissio	n's work sites?	☐ Ye	s 🗌 No		
Will you accept: ☐ F	ull-time Work	☐ Part	t-time Work	☐ Sh	nift Work	☐ Seasonal	Work
NAME	LAST				FIRST		MIDDLE INITIAL
MAILING ADDRESS							
WALLING ADDINESS	STREET		C	ITY		STATE	ZIP
E-MAIL ADDRESS		 			_ PHONE _		
Do you have a legal right Those selected for employment		-		United Sta	ates.		
Are you at least 18 years	or older? □] Yes □ N	No				
Are you able to porform a	essential function	ons of the pos	sition. with or wi	thout a r	easonable a	ccommodation	? ☐ Yes ☐ No
The you able to bellottil t	oochilai fariolic		,				
EDUCATION RECORD - IF		·					
	NOW IN SCHOOL	·				GRADUATED?	☐ YES ☐ NO
EDUCATION RECORD - IF	NOW IN SCHOOL	L, INCLUDE PR	PESENT TERM		□ NO	GRADUATED?	☐ YES ☐ NO
EDUCATION RECORD - IF	H SCHOOL	L, INCLUDE PR	EESENT TERM FEQUIVALENCY (GED				
NAME AND LOCATION OF HIG	H SCHOOL	L, INCLUDE PR	EESENT TERM FEQUIVALENCY (GED) □YES [CREDITS EAR	GRADUATED? NED IN QUARTER STER HOURS	☐ YES ☐ NO CERTIFICATES, DEGREE ETC. EARNED
PROPERTY OF A HIGH SCHOOL GRADU. SCHOOLS ATTENDED AFTER	H SCHOOL ATE, DO YOU HAVE A	L, INCLUDE PR	PESENT TERM FEQUIVALENCY (GED) □YES [CREDITS EAR	NED IN QUARTER	CERTIFICATES, DEGREE
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Operating System								
Network								
Other (specify)								
Office Equipment								
Keyboard	Speed:							
10-Key calculator								
Other (specify)								
Equipment								
Backhoe/Loader								
Tapping Machine								
Forklift								
Other (specify)								
Foreign Language								
Spanish	Sneak	Write						
Other	Орсак							
This section mu EMPLOYMENT HISTO past TEN years. Include position for which you a	DRY - Beginni de all non-paid	ng with your pro or volunteer wo	esent or most roork. Also list an	ecent job, des	scribe your wo experience rel	ork exp	perience o	_ luring
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Software/Equipment ID(s) and/or Brand Name(s)

Check Proficiency Level

Beginner Intermediate Advanced

11. List any specific training which is applicable for this position.

Computer Training

Word Processing Spreadsheet

EMPLOYER	ADDRESS	FROM
		MONTH YEAR
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	MONTH YEAR
SPECIFIC DUTIES		FULL TIME OR PART TIME
REASON FOR LEAVING		
EMPLOYER	ADDRESS	FROM MONTH YEAR
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	MONTH YEAR
SPECIFIC DUTIES		FULL TIME OR PART TIME
REASON FOR LEAVING		
EMPLOYER	ADDRESS	FROM
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	MONTH YEAR
SPECIFIC DUTIES		FULL TIME OR PART TIME
REASON FOR LEAVING		
EMPLOYER	ADDRESS	FROM MONTH YEAR
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	MONTH YEAR
SPECIFIC DUTIES		FULL TIME OR PART TIME
REASON FOR LEAVING		

13.	REFERENCES - List the names of three professional/occupational references, other than relatives.						
	NAME	BUSINESS	POSITION	PHONE NUMBER			
14.	State your reason for desiring application.	work with the Medford Water Com	mission and add any other infor	mation pertinent to your			
15.	If yes, list branch of service, da	ou served in the armed forces, Nati ates of service, position(s) held, an D-215). <i>PLEASE BLACK OUT DA</i>	nd type of discharge. Please atta	ich copies of separation			
	I hereby certify that this applica	ation contains no misrepresentatio	ns or falsifications and that the i	nformation given is true			
	in this application is cause for discovered. I understand that notify the Medford Water Com	y knowledge and belief. I understate cancellation of the application and if any health conditions have arise mission prior to accepting employr opriate investigations to verify the	or dismissal from employment in that may hinder the performan nent. I authorize the Medford V	no matter how or when nce of my duties, I will			
Date:		Signature of Applicant: _					