



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 an answer to every question. Write *NA* if the question is not applicable. **SIGN YOUR NAME WHEN COMPLETED.** Failure to observe these directions will result in your application not receiving adequate consideration.

POSITION(S) APPLIED FOR: _____

1. Are you able to work at any of the Water Commission's work sites? _____

2. Will you accept: (CIRCLE { Φ } your **first** choice, and CHECK { \checkmark } work you will accept.)

_____ Full-time Work _____ Part-time Work _____ Shift Work _____ Seasonal Work

3. NAME _____ HOME PHONE _____
LAST FIRST MIDDLE

4. MAILING ADDRESS _____
STREET CITY STATE ZIP

5. E-MAIL ADDRESS _____

6. Do you have a legal right to work in this country? _____ Yes _____ No Those selected for employment will be required to provide proof of right to work.

7. **EDUCATION RECORD - IF NOW IN SCHOOL, INCLUDE PRESENT TERM**

NAME AND LOCATION OF HIGH SCHOOL					GRADUATED? _____ YES _____ NO		
IF NOT A HIGH SCHOOL GRADUATE, DO YOU HAVE A CERTIFICATE OF EQUIVALENCY (GED) _____ YES _____ NO							
SCHOOLS ATTENDED <u>AFTER HIGH SCHOOL</u> , OR SPECIAL TRAINING RECEIVED							
NAME AND LOCATION	FROM		TO		COURSE OF STUDY	CREDITS EARNED IN QUARTER OR SEMESTER HOURS	CERTIFICATES, DEGREES, ETC. EARNED
	MONTH	YEAR	MONTH	YEAR			

8. List any special training, licenses, certificates, or other special skills you may have that are pertinent to the position.

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

Computer Training	Software/Equipment ID(s) and/or Brand Name(s)	Check (Y) Proficiency Level		
		Beginner	Intermediate	Advanced
Word Processing				
Spreadsheet				
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	Speak _____ Write _____			
Other _____	Speak _____ Write _____			

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

10. **EMPLOYMENT HISTORY** - Beginning with your present or most recent job, describe your work experience during the past FIVE 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.

◆ PRESENT OR LAST EMPLOYER ◆	EMPLOYER	ADDRESS	FROM
		JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER
	SPECIFIC DUTIES		FULL TIME _____ PART TIME _____ HOURS PER WEEK _____
	REASON FOR LEAVING		START SALARY: \$ _____ PER HOUR _____ PER MO. _____ LAST SALARY: \$ _____ PER HOUR _____ PER MO. _____

EMPLOYER	ADDRESS	FROM _____ MONTH YEAR
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	TO _____ MONTH YEAR
SPECIFIC DUTIES		FULL TIME _____
		PART TIME _____
		_____ HOURS PER WEEK
		START SALARY: \$ _____
		PER HOUR ____ PER MO. ____
REASON FOR LEAVING		LAST SALARY: \$ _____
		PER HOUR ____ PER MO. ____

EMPLOYER	ADDRESS	FROM _____ MONTH YEAR
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	TO _____ MONTH YEAR
SPECIFIC DUTIES		FULL TIME _____
		PART TIME _____
		_____ HOURS PER WEEK
		START SALARY: \$ _____
		PER HOUR ____ PER MO. ____
REASON FOR LEAVING		LAST SALARY: \$ _____
		PER HOUR ____ PER MO. ____

EMPLOYER	ADDRESS	FROM _____ MONTH YEAR
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	TO _____ MONTH YEAR
SPECIFIC DUTIES		FULL TIME _____
		PART TIME _____
		_____ HOURS PER WEEK
		START SALARY: \$ _____
		PER HOUR ____ PER MO. ____
REASON FOR LEAVING		LAST SALARY: \$ _____
		PER HOUR ____ PER MO. ____

EMPLOYER	ADDRESS	FROM _____ MONTH YEAR
JOB TITLE	SUPERVISOR'S NAME AND PHONE NUMBER	TO _____ MONTH YEAR
SPECIFIC DUTIES		FULL TIME _____
		PART TIME _____
		_____ HOURS PER WEEK
		START SALARY: \$ _____
		PER HOUR ____ PER MO. ____
REASON FOR LEAVING		LAST SALARY: \$ _____
		PER HOUR ____ PER MO. ____

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

NAME	BUSINESS	POSITION	PHONE NUMBER

12. State your reason for desiring work with the Medford Water Commission and add any other information pertinent to your application.

13. **MILITARY SERVICE:** Have you ever served in the armed forces, National guard and/or military reserves? Yes No
If yes, list branch of service, position held, dates of service, the location(s) in which you served, your identification number and type of discharge. Please attach copies of separation documents (i.e. DD-214 and DD-215).

14. 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 Medford Water Commission prior to accepting employment. I authorize the Medford Water Commission to make any necessary and appropriate investigations to verify the information contained herein.

Date: _____

Signature of Applicant: _____