



MEDFORD CITY HALL

85 George P. Hassett Drive
Medford, MA 02155
Phone: 781-393-2408
Fax: 781-393-2514

Breanna Lungo-Koehn
Mayor

EMPLOYMENT APPLICATION

The City of Medford is an Equal Opportunity/Affirmative Action Employer committed to workforce diversity. The City of Medford does not discriminate on the basis of race, color, national or ethnic origin, age, religion, disability, sex or gender, sexual orientation, gender identity or expression, including a transgender identity, genetics, or veteran status.

PERSONAL DATA

Please type or print all answers

Name: _____

First MI Last

Address: _____

Street City State Zip Code

Telephone: (____) _____ (____) _____ (____) _____
Home Business Cell Phone

E-Mail Address: _____

Referred by (individual, internet source, other): _____

Position(s) Desired:

1. _____

2. _____

Full-Time _____ Part-Time _____ Contract _____

Date available to start: _____ Salary Requirement: _____

MEDFORD CITY HALL

85 George P. Hassett Drive
Medford, MA 02155
Phone: 781-393-2408 Fax:781-393-2514

EDUCATION

Name of School	City & State	Circle Last Year Completed	Years Credit	Diploma Received		Degree Earned BA, BS, etc.	Course of Study
				Yes	No		
High School or G.E.D.		1 2 3 4					
Business or Trade School		1 2 3 4					
College or University		1 2 3 4					
Graduate Study		1 2 3 4					
Post Graduate Study		1 2 3 4					

A copy of your certificate, diploma, or degree is required.

Honors Received: _____

Additional Courses: _____

Do you have any specialized training and/or licenses/certificates? Yes _____ No _____

If yes, please list below:

Massachusetts professional or trade licenses held:

Type: _____ No. _____ Date Issued: _____ Exp. Date: _____

Type: _____ No. _____ Date Issued: _____ Exp. Date: _____

MEDFORD CITY HALL

85 George P. Hassett Drive
Medford, MA 02155
Phone: 781-393-2408 Fax:781-393-2514

SKILLS

If you are applying for any position (s) that may require computer knowledge, please list the programs, software, and computer systems that you are proficient in.

GENERAL INFORMATION

Are you related to anyone currently working for the City of Medford? Yes No

If yes, to whom: 1. _____ Relationship: _____
 2. _____ Relationship: _____

Have you ever worked or attended school under a name other than the one indicated above?
 Yes No

If yes, please indicate name: _____

Have you filed an application with the City of Medford within the last 6 months? Yes No

Have you ever been employed with the City of Medford before? Yes No

If yes, give date _____ Job Title _____

Are you age 18 or over? Yes No

Are you at least 16 years of age? Yes No

Are you a citizen of the United States? Yes No

If no, do you have the legal right to work in the U.S.? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please explain? _____

MEDFORD CITY HALL

85 George P. Hassett Drive
Medford, MA 02155
Phone: 781-393-2408 Fax:781-393-2514

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

DO NOT SUBMIT ANY DOCUMENTATION OF YOUR EMPLOYMENT STATUS WITH THIS APPLICATION, OR IN ANY OTHER WAY, UNTIL ASKED TO DO SO BY THE CITY OF MEDFORD.

EMPLOYMENT HISTORY

Please list your employment history over the last ten years, starting with your most recent or current employer including names of supervisors, and salary. You may include military service, and any verifiable work performed on a volunteer basis. You may attach a resume in addition to filling out this section of the application. Any gaps in employment may be briefly explained on a separate sheet of paper.

Employer: _____	Address: _____	Telephone: _____
Job Title: _____	Supervisor: _____	
Dates Employed	From: _____	To: _____
Work Performed: _____		
Reason for Leaving: _____		
Employer: _____	Address: _____	Telephone: _____
Job Title: _____	Supervisor: _____	
Dates Employed	From: _____	To: _____
Work Performed: _____		
Reason for Leaving: _____		

MEDFORD CITY HALL

85 George P. Hassett Drive
Medford, MA 02155
Phone: 781-393-2408 Fax:781-393-2514

Employer: _____	Address: _____	Telephone: _____
Job Title: _____	Supervisor: _____	
Dates Employed	From: _____	To: _____
Work Performed: _____		
Reason for Leaving: _____		

May we contact your present and former employers? Yes _____ No _____

Have you ever been discharged for cause by a previous employer or resigned after having been told that your performance was unsatisfactory? Yes _____ No _____

If yes, please explain.

Please describe any relevant personal or professional experience which you consider of value and which may assist The City of Medford in considering your application for employment. *You may include verifiable volunteer experience.*

REFERENCES

Please do not include names of relatives

Please provide (3) three professional references who can comment on your work performance.

Name	Address	Occupation	Telephone Number

MEDFORD CITY HALL

85 George P. Hassett Drive

Medford, MA 02155

Phone: 781-393-2408 Fax:781-393-2514

1. All of the information that I have provided on this application is accurate to the best of my knowledge. I authorize the City of Medford to make any inquires to determine my suitability for employment. In signing this application, I understand that my previous and present employers may be asked for information relative to my employment record with them. I hereby release from all liability or damage the City of Medford and its employees and agents, and those individuals who provide such information. I agree that any false statements made by me or my failure to answer any applicable questions on the application accurately (e.g., misrepresentations of prior employment, education, or training) will be sufficient cause for my release from employment. I understand that if employed, my continued employment will be subject to periodic performance evaluations.

2. In connection with this employment application, the City of Medford may request that you agree to the release to the City of Medford of a criminal offender information report, a consumer credit report, and/or an investigative credit report. In such an event the City of Medford will provide you with a separate notice and appropriate authorization for disclosure forms.

3. The City of Medford's receipt of this application does not imply that the applicant will be employed. The City of Medford may conduct reference checks and confirm your employment record prior to extending an offer of employment. Alternately, such an offer may be made contingent upon receipt of satisfactory results of such inquiries.

4. Subsequent to the job offer, the City of Medford may require a pre-placement medical examination to ensure your ability to perform the essential functions of the position with or without reasonable accommodations.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND PARAGRAPHS NUMBERED 1 THROUGH 4 ABOVE AND I HEREBY AGREE AND CONSENT TO SUCH REQUESTS FOR INFORMATION AND OTHER ACTIONS WHICH THE CITY OF MEDFORD MAY TAKE AS DESCRIBED HERIN.

Signature of Applicant

Date

For the Personnel Department's Use Only

Interviewed By: _____ Date: _____

Interviewed By: _____ Date: _____

Interviewed By: _____ Date: _____



City of Medford
Office of the Mayor
Room 204, City Hall

85 George P. Hassett Drive, Medford, MA 02155
TEL: 781-393-2408 | TTY: 711 | FAX: 781-393-2514 www.medfordma.org



Breanna Lungo-Koehn
Mayor

**Criminal Offender Record Information (CORI)
Acknowledgement Form**

To be used by organizations conducting CORI checks for employment, volunteer, subcontractor, licensing, and housing purposes.

_____ is registered under the
(Organization)
provisions of M.G.L. c.6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to _____
(Organization) to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing _____
(Organization) with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:

The _____ may conduct
(Organization)
subsequent CORI checks within one year of the date this Form was signed by me, provided, however, that _____,
(Organization), must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and affirm that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

Signature of CORI Subject

Date



City of Medford Office of the Mayor
Room 204, City Hall

85 George P. Hassett Drive, Medford, MA 02155
TEL: 781-393-2408 | TTY: 711 | FAX: 781-393-2514 www.medfordma.org



SUBJECT INFORMATION

Please complete this section using the information of the person whose CORI you are requesting.
The fields marked with an asterisk (*) are required fields.

* First Name: _____ Middle Initial: _____

* Last Name: _____ Suffix (Jr., Sr., etc.): _____

Former Last Name 1: _____

Former Last Name 2: _____

Former Last Name 3: _____

Former Last Name 4: _____

* Date of Birth (MM/DD/YYYY): _____ Place of Birth: _____ *

Last **SIX** digits of Social Security Number: ____ -- ____ No Social Security Number

Sex: _____ Height: _____ ft. _____ in. Eye Color: _____ Race: _____

Driver's License or ID Number: _____ State of Issue: _____

Father's Full Name: _____

Mother's Full Name: _____

Current Address

* Street Address: _____

Apt. # or Suite: _____ *City: _____ *State: _____ *Zip: _____

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

Verified by:

Print Name of Verifying Employee

Signature of Verifying Employee

Date