

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF PERSONNEL ADMINISTRATION**

APPLICATION FOR CITY OF MEDFORD LABOR SERVICE

OFFICE USE ONLY

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Applicant must be at least sixteen years old to register for Labor Service. **TYPE** or **PRINT** clearly all answers on both sides of this form in **INK**. Incomplete applications will be returned.

- | | |
|---|------------------------------|
| 1. Name _____ | 2. Social Security No. _____ |
| 3. Domicile Address _____ | |
| 4. Mailing Address (if different) _____ | |
| 5. Telephone No. _____ | 6. Date of Birth _____ |

7. Have you completed a course in a building, mechanical, maintenance or repair trade in a recognized trade, vocational or technical school or a recognized training program? If answer is "yes," complete the following:

<u>Name of School or Program</u>	<u>Title of Course</u>	<u>Date of Course (Month/Day/Year)</u>
_____	_____	From: _____ To: _____
_____	_____	From _____ To: _____

8. List your **MA MOTOR VEHICLE OPERATOR'S LICENSE (SPECIFYING CLASS)** and any other **TRADE LICENSES, REGISTRATIONS** or **CERTIFICATES** that are required for the position(s) for which you are applying.

<u>Name or Class of Registration or Certificates</u>	<u>License No. If Any</u>	<u>Date of Latest Renewal (Month/Day/Year)</u>	<u>By Whom Issued</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. 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: (2) White (3) Black (4) Hispanic (5) Asian (6) American Indian or Alaskan Native (7) Cape Verdean

Check box

Work Options: () Permanent () Part-time () Intermittent () Full-time

10. Have you ever served in the **United States' Armed Forces** during **wartime as defined by Clause 43, Section 7 of**

Chapter 4 and Section 1 of Chapter 31 of the Massachusetts General Laws? () Yes () No
If "yes," Please attach a copy of form DD214.

11. Are you the unremarried spouse or parent of a veteran who died from a service-connected disability incurred in wartime service?

() Yes () No

