



**MIDDLEBURG HEIGHTS
COMMUNITY CENTER**

CITY OF MIDDLEBURG HEIGHTS RECREATION DEPARTMENT

16000 EAST BAGLEY ROAD, MIDDLEBURG HEIGHTS, OHIO 44130-4896

PHONE: (440) 234-2255 FAX: (440) 234-3228

WWW.MIDDLEBURGHEIGHTS.COM

Note to Applicants:

Thank you for taking the time to apply to one of Ohio's premier city recreation centers. We take pride in offering a variety of positions and offer competitive wages to part time staff.

Please read the information provided below prior to completing the attached application.

1. We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.
2. All applicants must be at least 16 years of age or older to complete this application.
3. Applications will be kept on file for one year from date of submission. The Ohio Ethics Commission has recently changed its definition of nepotism for public employees. Under no circumstances shall any individual with a blood or legal relationship to any person employed by the City of Middleburg Heights be hired for any position with our department.
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5. All new hires will be subject to a criminal back ground check, a drug test, and sign a waiver permitting random drug testing during the period of employment.

When completing the application, please refer to "Area of Interest" as indicated below:

Athletics	Parks/Grounds
Concession	Pool, Lifeguard
Custodial	Pool, Swim Instructor
Fitness	Kidszone/child care

You will be contacted directly by a Department Head if/when a position to which you are suited becomes available.

Sincerely,

Jeffery C. Minch



CITY OF MIDDLEBURG HEIGHTS

DEPARTMENT OF RECREATION

16000 East Bagley Road, Middleburg Heights, Ohio 44130-4896
 Phone: 440.234.2255 | FAX: 440.234.3228 | www.middleburgheights.com

Application for Employment

Applicant Information

Area of Interest: _____ Date of Application: _____

Name: _____
 (Last) (First) (Middle Initial)

Address: _____ City: _____ State: _____ Zip: _____

Telephone 1: _____ Telephone 2: _____ e-mail: _____

Are you legally eligible for employment in the United States? Yes No

Have you been convicted of any felonies during the past seven years? Yes No

If yes, please explain: _____

A criminal record or a conviction will not automatically bar employment, but will be considered only as it relates to your fitness to perform in the position for which you are applying.

Education and Training

Name and Address of Institution	Major course of study	Years Completed
High School	N/A	
College or University		
Vocational School or Advanced Degree		

Certifications or Licenses	Governing Body (example: American Red Cross)	Expiration Date

Availability

Please indicate estimated days and times you would be available to work.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
From:							
To:							
From:							
To:							

Employment History

Starting with your present or most recent employer, list in consecutive order all employment for at least the past two employers.

May we contact your current employer(s)? Yes No

May we contact your previous employer(s)? Yes No

Name of Company or Organization		Title of Position held		Employed, MO/YR—MO/YR	
Street Address	City	State	Zip Code	Reason for Leaving	
Name and Title of Supervisor		Telephone			
List of duties performed, skills used, and promotions while employed at this company:					

Name of Company or Organization		Title of Position held		Employed, MO/YR—MO/YR	
Street Address	City	State	Zip Code	Reason for Leaving	
Name and Title of Supervisor		Telephone			
List of duties performed, skills used, and promotions while employed at this company:					

Statement of Verification

ALL APPLICANTS, as a condition of employment, may be required to undergo pre-employment background checks and drug/alcohol screenings.

I certify that the information contained in this application is correct to the best of my knowledge, and understand that any falsification or omission of information will result in my disqualification from employment or release from employment at a later date. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I also authorize the City of Middleburg Heights to conduct a conviction background check and drug screening.

Signature: _____ Date: _____

Recreation Director