



# Middleburg Heights Community Center

16000 Bagley Road  
Middleburg Heights, OH 44130  
Tel: (440) 234-2255 Fax: (440) 234-3228  
[www.middleburgheights.com](http://www.middleburgheights.com)

## Note to Applicants:

Thank you for taking the time to apply to one of Ohio's premier municipal recreation departments. We take pride in offering a variety of positions and 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 16 years of age and older to be employed by the Middleburg Heights Recreation Department.
3. Applicants will be kept on file for one year from date of submission.
4. All new hires will be subject to a criminal background check, drug test, and sign a waiver permitting random drug testing during the period of employment.

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

Front Desk	Parks/Grounds	Kidszone
Custodial	Pool – Lifeguard/Swim Instructor	
Fitness	Athletics	

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



# Middleburg Heights Community Center

## Application for Employment

### Applicant Information

Area of Interest: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
 (Last) (First) (Middle Initial)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone 1: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Telephone 2: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

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

Are you related to any City of Middleburg Heights Employee/Official by blood or marriage?  Yes  No

If yes, please explain: \_\_\_\_\_

The following relatives of city employees/officials are not eligible for employment with this department: grandparents, parents, step-parents, siblings, spouses, children, step-children, grandchildren, or any other relative residing with the employee/official.

### Education and Training

Name and Address of Institution	Major Course of Study	Dates	Years Completed
High School	N/A		
College or University			
Vocational School or Advanced Degree			

Certifications or Licenses	Governing Body (i.e., 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:							

## 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

### Employer 1

Name of Company or Organization: \_\_\_\_\_

Title of Position Held: \_\_\_\_\_ Employed from: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
(Last) (First)

Title of Supervisor: \_\_\_\_\_ Telephone of Supervisor: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

List of duties performed, skills used, and promotions while employed at this company:

\_\_\_\_\_  
\_\_\_\_\_

### Employer 2

Name of Company or Organization: \_\_\_\_\_

Title of Position Held: \_\_\_\_\_ Employed from: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_  
(Last) (First)

Title of Supervisor: \_\_\_\_\_ Telephone of Supervisor: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

List of duties performed, skills used, and promotions while employed at this company:

\_\_\_\_\_  
\_\_\_\_\_

***Statement of Verification***

ALL APPLICANTS, as condition of employment, are 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 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.

Name: \_\_\_\_\_  
Please print: (Last) (First) (Middle Initial)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_