



EMPLOYMENT APPLICATION

Date Submitted _____ / _____ / _____

All employees must pass a drug test prior to employment

Name: _____
Last First Middle Initial

Social Security Number: _____ - _____ - _____
The disclosure of your Social Security Number is voluntary

Present Address: _____

Birth Date: _____ / _____ / _____

City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Cell Phone: (_____) _____ Email: _____

Please list in order of preference the job positions you would like to be considered for:

(refer to the MCRC Part Time Employee Job Summary Sheet)

1. _____
2. _____
3. _____
4. _____

Office Use	
Staff Initials	Review Date
_____	_____/_____/____
_____	_____/_____/____
_____	_____/_____/____
_____	_____/_____/____

What relevant experiences or certifications have you had in regard to the above job positions:

Have you ever been previously employed by the City of Medina? Yes No

Do you have a valid driver's license? Yes No If yes, State: _____ Driver's License #: _____

Have you ever been convicted of a crime (all employees may be subject to background checks)? Yes No

If yes, please explain: _____

Are you able to perform the essential functions of the job you are applying for: Yes No

To Applicant:

READ THIS INSTRUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED AREA. The Civil Rights Act of 1964 prohibits discrimination in employment practice based on race, color, religion, sex, and national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are between the age of 40 and 65 years of age.

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary			5 6 7 8	Yes <input type="checkbox"/> No <input type="checkbox"/>	
High			9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other (specify)			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

RECORD OF EDUCATION

EMPLOYMENT HISTORY:

Please submit a resume if available or complete the following section. Please list the most important experience first.

Company		From		To		Describe type of work performed	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor	May we contact this employer?
		Mo	Yr	Mo	Yr						
Name											
Address											
City, State, Zip											
Phone											
Company		From		To		Describe type of work performed	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor	May we contact this employer?
		Mo	Yr	Mo	Yr						
Name											
Address											
City, State, Zip											
Phone											
Company		From		To		Describe type of work performed	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor	May we contact this employer?
		Mo	Yr	Mo	Yr						
Name											
Address											
City, State, Zip											
Phone											

EMPLOYMENT AVAILABILITY: Please put an "X" in the time table in which you **ARE NOT** available to work.

	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
Monday																			
Tuesday																			
Wednesday																			
Thursday																			
Friday																			
Saturday																			
Sunday																			

Please list any other scheduling conflicts or considerations: _____

The facts set forth above in my application are true and complete. I understand that if employed, or considered for employment, false statements on this application shall be considered sufficient cause for removal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigations or credit agencies or bureaus of your choice.

In making this application, I also understand that information may be contained through personal interviews with my neighbors, friends, or others with whom I am acquainted. I understand that I have the right to submit a written clarification of any adverse or incorrect information in my application file.

Signature of Applicant

Date

MCRC OFFICE STAFF ONLY

Applicant Recommended Area: _____

Position Hire Recommendation (Area Manager Signature)

Applicant Recommended Position: _____

Approved for Hire (Recreation Center Director)

Pay Code: RC- _____ Pay Grade (A-O): _____ Hrly Rate: \$ _____

**If Pay Grade is higher than A, complete and include the Pay Step*

Recommendation Form with rationale