



# EMPLOYMENT APPLICATION

Submitted on \_\_\_\_/\_\_\_\_/\_\_\_\_

- Fax       MCRC Job Fair  
 Walk-in    MHS Job Fair

**All employees must pass a drug test prior to employment.**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last                      First                      Middle Initial  
The disclosure of your Social Security Number is voluntary.

Present Address: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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:

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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 OFF 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.

RECORD OF EDUCATION										
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	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	_____									
High	_____		9	10	11	12	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	_____									
College	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	_____									
Other (specify)	_____		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	_____									

**EMPLOYMENT HISTORY:**

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

1		From		To		Describe in detail the type of work performed	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor	May we contact this employer
COMPANY		Mo.	Yr.	Mo.	Yr.						
Name											<input type="checkbox"/> YES <input type="checkbox"/> NO
Address											
City, State, Zip											
Phone											
1		From		To		Describe in detail the type of work performed	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor	May we contact this employer
COMPANY		Mo.	Yr.	Mo.	Yr.						
Name											<input type="checkbox"/> YES <input type="checkbox"/> NO
Address											
City, State, Zip											
Phone											
1		From		To		Describe in detail the type of work performed	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor	May we contact this employer
COMPANY		Mo.	Yr.	Mo.	Yr.						
Name											<input type="checkbox"/> YES <input type="checkbox"/> NO
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 (MCRC Manager Signature) _____
Pay Grade (circle one): <b>A B C D E F</b>	Pre-employment Testing Complete (MCRC Office Administrator) _____
*Remember if something other than A, complete and include the Part Time Employee Pay Step Form	Payroll Procedures Complete (MCRC Finance Assistant) _____
Employment Start Date: ____/____/____	
(Once all areas are completed, return to the MCRC Office Administrator)	