



**Deadline for Summer 2022: Friday, February 18, 2022**  
**Application for Employment (2 pages)**  
**Bay Village Recreation Department**  
**Pool Positions 2022**

303 Cahoon Road, Bay Village, OH 44140 (440) 871-6755  
 Email: bayrecoffice@cityofbayvillage.com

*We consider applicants for all positions without regard to race, color, religion, gender, national origin, sexual orientation, age, marital or veteran status, the presence of a non-job-related medical condition or disability, or any other legally protected status, as long as they are able to perform the essential functions of the job with or without reasonable accommodation. We will not refuse to hire an applicant because of disability so long as the disabled applicant is qualified to perform the essential functions of the job with or without reasonable accommodation.*

**Please type or print in blue or black Ink**

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

**Position applying for:**

\_\_\_ Front Desk    \_\_\_ Maintenance    \_\_\_ Concessions

Are you available to work: \_\_\_ 30-40 hrs/wk    \_\_\_ 20-30 hrs/wk    \_\_\_ 10-20 hrs/wk

Date available to start work \_\_\_\_\_ until \_\_\_\_\_

**Section I: Personal Information (Print neatly or type)**

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Will you be 16 years or older by 6/1/22? \_\_\_ Yes \_\_\_ No

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

If a student, school attending: \_\_\_\_\_

Current Grade: \_\_\_\_\_

If not a student, current occupation & employer's name/address:

\_\_\_\_\_

Have you ever worked for the Bay Village Recreation Department? \_\_\_ Yes \_\_\_ No

If yes, what was your date of hire? \_\_\_\_\_ Former Position: \_\_\_\_\_

**Section II: (Please answer all questions)**

1. If you were/are a participant in a high school or college activity(s) or sport(s) please indicate below:

\_\_\_\_\_

2. Please explain your previous work experience or volunteer experience.

\_\_\_\_\_

3. How can you make a difference at the Bay Village Aquatic Center?

\_\_\_\_\_

\_\_\_\_\_

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4. References: Please list two references whom you have known at least two years that are not related to you!

Name: \_\_\_\_\_ Job Title \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant's Statement**

I, \_\_\_\_\_, understand that this is an application for employment  
(Applicant's name)  
and not an employment contract.

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that the City may make a **thorough investigation of my entire work and personal history** and may verify all data given in my application for employment, related documents or interviews. **I authorize such investigation and release from liability any person(s) giving or receiving such information. I understand that falsification of data so given, or other derogatory information discovered as a result of this investigation, may prevent my being hired, or, if hired, may subject me to immediate dismissal.**

\_\_\_\_\_  
(Initial)

\_\_\_\_\_  
(Initial)

I understand that if the City offers me employment, **the offer of employment may be contingent upon me taking and passing a drug test** as a condition of employment, and further understand that I may be **required to submit to additional pre-employment testing as may be required for the job.**

\_\_\_\_\_  
(Initial)

\_\_\_\_\_  
(Initial)

I understand that if the City offers me employment, I am required to abide by all rules and regulations of the City, and that the City retains the right to establish, modify and change those regulations including those pertaining to scheduling, overtime and shift assignments. I understand that if hired by the City, my employment can be terminated by the City subject only to applicable laws and regulations.

I am aware **this application is a "Public Record"** as defined by Ohio Public Records law and will be treated in accordance with that law.

\_\_\_\_\_  
(Initial)

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Please complete:**

Do you have First Aid, CPR/AED certifications? If so, please review your current certifications and their expiration dates. Please submit your current certifications with this application. A copy of all current certifications must be submitted to the Recreation Department each year.

\_\_\_ American Red Cross Certified      \_\_\_ Other (Specify) \_\_\_\_\_

Expiration dates:

First Aid & Safety \_\_\_\_\_ CPR-PR \_\_\_\_\_ AED \_\_\_\_\_