



# City of Tempe / Application for Employment

City of Tempe / Escalante Community Center / 2150 E. Orange St./ Tempe AZ 85281 / (480) 350-5800 / <http://www.tempe.gov/escalante>

**Program Areas** (Check program areas of interest)

Clerical    Preschool    Youth/Teen Recreation    Education    Summer Camp

- 1. **Title of Position:** \_\_\_\_\_
- 2. **Name:** \_\_\_\_\_  

LAST
FIRST
MIDDLE INITIAL
- 3. **Social Security Number:** \_\_\_\_\_
- 4. **Mailing Address:** \_\_\_\_\_  

Street Address
City
State
Zip
- 5. **Phone Number:** \_\_\_\_\_      **E-MAIL:** \_\_\_\_\_
- 6. **Driver's License # :** \_\_\_\_\_      **State:** \_\_\_\_\_      **Class:** \_\_\_\_\_      **Expiration Date:** \_\_\_\_\_
- 7. Are you at least 18 years old? Yes \_\_\_\_\_ No \_\_\_\_\_      Are you at least 21 years old? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Upon hiring, you may be required to show proof)
- 8. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States?    Yes    No
- 9. Have you ever worked for the City of Tempe?    Yes    No   If Yes, from \_\_\_\_\_ (Mo/Yr) to \_\_\_\_\_ (Mo/Yr)
- 10. To assist us with verifying previous work experience and /or education, please list other names you have gone by:  
 \_\_\_\_\_  
 \_\_\_\_\_
- 11. Are you related to any member of the Tempe City Council or any Tempe Commission/Board Member, or any City of Tempe employee?    Yes    No   If Yes, indicate his/her **Name, Position, and Relationship to you:**  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Dates available:   From \_\_\_\_\_ To \_\_\_\_\_   Specify times you are available to work

Specify Times

	MON	TUES	WED	THURS	FRI	SAT	SUN

13. Education: List highest grade completed

HIGH SCHOOL

COLLEGE

GED \_\_\_\_\_

14. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Date Obtained:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Date Obtained:
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

16a. Certification or Registration (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I etc.)

Type of Professional Registration, License, and/or Certification:	License Number (if applicable):	Date Received:	Expiration Date (if applicable):

16b. Special training **that relates to this position:**

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17. List computer software program(s) with which you are proficient in operating **that relate to this position:**

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18. Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Begin with your present or most recent position. List all jobs, paid or volunteer, for at least the past ten years. Your qualifications will be evaluated **solely** on the application form and, if applicable, any supplemental questionnaire(s).

**DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.**

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Place of Employment or Volunteer Experience:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from / (Mo/Yr) to / (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Present/Ending Wage: \$ Per
Work Performed:	

Reason for Leaving:

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Place of Employment or Volunteer Experience:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from / (Mo/Yr) to / (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	

Reason for Leaving:

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Employment Dates: from / (Mo/Yr) to / (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	

Reason for Leaving:

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Place of Employment or Volunteer Experience:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from / (Mo/Yr) to / (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: \$ Per
Work Performed:	

Reason for Leaving:

20. Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?  
 Yes  No If Yes, please explain:  
 \_\_\_\_\_  
 \_\_\_\_\_

22. Have you ever been convicted of a **misdemeanor** or **felony** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?  
*Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.*  
 Yes  No If Yes, provide charges, dates and locations:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.**

**PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.**

I certify that all statements made on the application form and, if applicable, any supplemental questionnaire(s) are true and complete. I understand that any omission, misstatement, or falsification may be cause for rejection of this application, removal of my name from an eligibility list(s), and/or discharge from City Service. In addition, I authorize any individual, company, organization, or institution to release any and all information concerning statements made by me on this application, and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

Print Applicant's Name	Applicant Signature	Date
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