CITY OF TEMPE
Temporary Employment Opportunity

Tempe

Tempe Police Department · Mounted Unit · 120 E 5th St, Tempe, AZ · 480/350-8311 · TDD 480/350-8400

Temporary – Mounted Groom
City of Tempe / Tempe Police Central City Bureau

Opening Date: July 15th, 2013

Closing Date: Subject to close without notice when the needs of the City are met.

Hourly Wage: $10.00

Work Schedule: 20 hours per week. Days and hours will vary.

This is a Temporary Non-Benefitted position

Experience & Training:
- High School diploma or GED equivalent and knowledge of Equine Science.
- Equine knowledge with regard to horse anatomical structure, injuries and illnesses.
- Hands-on knowledge of horse training, grooming techniques, and all facets of equine care.
- Basic computer skills.

Licenses/Certifications:
- Possession of valid Arizona Driver's License.

Essential Job Functions:
- Grooming and care of horses.
- Care and cleaning of tack and saddles.
- Cleaning and care of horse stalls and barn facilities.
- Feed and water all horses.
- Training and exercising of horses at direction of Mounted Officers.
- Monitoring horses for illnesses or injuries, which may include physical observations, taking vitals, and communication with Mounted Officers and health care professionals.
- Provide basic care for ill or injured horses.
- Communication in both oral and written forms with Mounted Officers, Mounted Volunteers and visitors.
- Ability to lift and move supplies weighing from 30-100 pounds unassisted.
- Experience with the care, feeding, training and exercise of horses.
- Ability to, listen, communicate, and work effectively with a diverse group of people.
- Ability to perform all duties outside in various weather conditions.

Applicant Requirement:
Requires successful completion of required selection process, successful completion of background investigation, and verification of identity and work authorization.

SUBMIT APPLICATION TO:
City of Tempe
Tempe Police Mounted Unit
120 E 5th St
Tempe, Arizona 85281

For questions, please contact:
Sgt. Heather Penner
Tempe Police Mounted Unit
(480) 858-6263 or heather_penner@tempe.gov

An equal opportunity/reasonable accommodation employer

City of Tempe / Application for Employment

APPLY AT: City of Tempe / Police Department / 120 East Fifth Street / Tempe AZ 85281 / (480) 858-6263 / TDD (480) 350-8400 / http://www.tempe.gov/hr

The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.

The City of Tempe Promotes a Drug and Alcohol Free Workplace.

DIRECTIONS:
Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly. Sign this application and all other forms.

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1. Position Applying For: _____ Recruitment Code (RC#): _____
2. Name (Last, First, Middle Initial): _____
3. Last 4 Digits of Social Security #: _____ Email Address: _____
4. Mailing Address: _____
   Street City State Zip
5. Phone Number: BEST CONTACT # _____ ALTERNATE #: _____
6. Valid Driver's License ☐ Yes ☐ No
7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? ☐ Yes ☐ No
8. Have you ever worked for the City of Tempe? ☐ Yes ☐ No If Yes, from _____ (Mo/Yr) to _____ (Mo/Yr)

   If you are a current City of Tempe employee, are you: ☐ Temporary? ☐ Regular?

   Have you completed your initial probationary period? ☐ Yes ☐ No If yes, when _____
9. Type of position you will accept: ☐ Full Time ☐ Part Time ☐ Regular ☐ Temporary
10. Do you have a High School Diploma or equivalent? ☐ Yes ☐ No If no, highest grade completed: _____
11. May we contact your current employer if you are considered for hire/promotion? ☐ Yes ☐ No

If you are claiming Civil Service Preference for Veterans under ARS 38-492, you must submit a copy of your DD214 (Member-2 or 4) at time of application.

DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE

Q ☐ **NQ** ☐ **A** ☐ **B** ☐ **C** ☐

HR Review ☐ _____ **Date** **Department Review** ☐ _____ **Date**

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

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

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			☐ **Yes** ☐ **No**	
			☐ **Yes** ☐ **No**	
			☐ **Yes** ☐ **No**	
			☐ **Yes** ☐ **No**	

13. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			☐ Yes ☐ No	
			☐ Yes ☐ No	

14. Professional Registration(s), License(s), and/or Certification(s) you possess ***that relate to this position***:

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

15. Special training ***that relates to this position:***

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

17. List equipment with which you are proficient in operating ***that relate to this position***:

18. Language Proficiency (Other than English):

You may make copies and use as many of these sheets as necessary to continue your employment history.

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

RESUMES MAY **NOT** BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

DO NOT WRITE "SEE RESUME" OR "SEE ATTACHED" IN THE SPACES BELOW.

Employer:	Type of Business:
City & State:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed in this position: Yrs Mos
Hours Per Week:	Ending Wage: $ Per
Work Performed:	
Reason for Leaving:	

Employer:	Type of Business:
City & State:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed in this position: Yrs Mos
Hours Per Week:	Ending Wage: $ Per
Work Performed:	
Reason for Leaving:	

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Reason for Leaving:	

Employer:	Type of Business:
City & State:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from (Mo/Yr) to (Mo/Yr)	Total Time Employed in this position: Yrs Mos
Hours Per Week:	Ending Wage: $ Per
Work Performed:	
Reason for Leaving:	

19. 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:

20. Have you ever been terminated for cause or forced to resign from a position for misconduct or unsatisfactory service?

☐ Yes ☐ No If Yes, please explain:

21. 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 answer this question completely. All offers of employment and continued employment are subject to a complete review of any criminal convictions. Your fingerprints will be sent to state and federal law enforcement agencies (DPS and FBI).

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: _____

The City of Tempe does not accept faxed or emailed copies of applications.

City of Tempe Police Department
Automatic and Discretionary Disqualifier Questionnaire

NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY DISQUALIFY YOUR APPLICATION	
AUTOMATIC DISQUALIFIERS The City of Tempe Police Department will automatically disqualify any individual who can answer "Yes" to any of the following questions. ***Please read and answer the following automatic disqualifiers:***	
☐ **Yes** ☐ **No**	Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona?
☐ **Yes** ☐ **No**	Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs?
☐ **Yes** ☐ **No**	Have you lied during any stage of the hiring process?
☐ **Yes** ☐ **No**	Have you falsified your questionnaire or application?
If you answered "YES" to any of these questions please withdraw your application from consideration.	
DISCRETIONARY DISQUALIFIERS The following disqualifiers may, upon review by the Tempe Police Department, make you ineligible to become an employee of the City of Tempe Police Department. ***Please read and answer the following discretionary disqualifiers:***	
☐ **Yes** ☐ **No**	Have you ever abused prescription medication and/or FDA approved over-the-counter preparations?
☐ **Yes** ☐ **No**	Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD.
☐ **Yes** ☐ **No**	Have you ever used any type of illegal drugs or narcotics before the age of 18 years? *Examples of a dangerous drug or narcotic drug would be,* ***but is not limited to****: cocaine, crack, etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over-the-counter preparations.*
☐ **Yes** ☐ **No**	Have you ever used any type of illegal drugs or narcotics after the age of 18 years?
☐ **Yes** ☐ **No**	Have you engaged in unlawful sexual misconduct?
☐ **Yes** ☐ **No**	Have you ever had excessive traffic violations?
☐ **Yes** ☐ **No**	Have you ever been involved in the commission of a felony?
☐ **Yes** ☐ **No**	Have you received a discharge from the United Stated armed forces that was other than an honorable?
☐ **Yes** ☐ **No**	Have you demonstrated an unwillingness to honor fiscal contracts or just debts?
☐ **Yes** ☐ **No**	Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession?
☐ **Yes** ☐ **No**	Had your Arizona Driver's license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances?
If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.	
I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the City of Tempe's Police Department positions.	
Applicant's signature	Date

ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES – *Please Complete All Sections*

Type of Drug	Have you ever tried?	How many times after age 18?	Date first used:	Date last used:	Have you ever sold, smuggled or transported for sale or personal gain?
Marijuana	☐ Yes ☐ No				☐ Yes ☐ No
Hashish	☐ Yes ☐ No				☐ Yes ☐ No
Cocaine / Crack	☐ Yes ☐ No				☐ Yes ☐ No
Methamphetamine / Speed	☐ Yes ☐ No				☐ Yes ☐ No
Heroin	☐ Yes ☐ No				☐ Yes ☐ No
Opium	☐ Yes ☐ No				☐ Yes ☐ No
Morphine	☐ Yes ☐ No				☐ Yes ☐ No
LSD / Acid	☐ Yes ☐ No				☐ Yes ☐ No
Peyote	☐ Yes ☐ No				☐ Yes ☐ No
Mescaline	☐ Yes ☐ No				☐ Yes ☐ No
Steroids	☐ Yes ☐ No				☐ Yes ☐ No
Any other illegal drugs	☐ Yes ☐ No				☐ Yes ☐ No
Illegal use of prescription medications	☐ Yes ☐ No				☐ Yes ☐ No

If you answered "Yes" on any of the areas listed above, please provide a full explanation on a separate sheet of paper. Include, if applicable, the following information:

a) How the drug was ingested or consumed
b) The duration of usage
c) The motivation for using the drug
d) How the drug was obtained
e) Why you stopped using the drug
f) Any other factors you believe are relevant

I hereby certify that this entire supplemental questionnaire was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligibility list, and/or discharge from City service. I understand that this information is subject to verification by any federal, state, and local agencies.

Applicant's Name (Print)

Applicant's Signature

Date