CITY OF TEMPE
Temporary Employment Opportunity

Community Services Department · Recreation Services Division · 3340 South Rural Road · (480) 350-5287 · TDD (480) 350-8400

Yoga and Pilates Instructor
(City of Tempe / Community Services Department – Recreation Services Division)

Opening Date: December 20, 2013

Closing Date: Open until the needs of the City are met.

Hourly Wage: $22.00 per hour

Work Schedule: Wednesdays 5:00-5:50p.m; 1/15-3/26 (Hours already published)
*Can set own schedule **after 3/26/13;** 1 to 3 hours per week; flexible*

This is a temporary, non-benefitted position not to exceed 24 months.

Experience & Training:
- Requires extensive experience of both disciplines of Yoga & Pilates. Experience and ability to teach adults in a group setting. Working knowledge of fitness teaching techniques.

Licenses/Certifications:
- Current CPR certification
- Yoga certification
- Pilates certification

Essential Job Functions:
- Yoga & Pilates Fitness instruction.
- Develop and execute a 6 to 8-week lesson plan.
- Supervise class participants & account for supplies.
- Generate teaching environment for student's levels and abilities.
- Maintain facility; reporting of problems & attendance-tracking.
- Attend staff meetings as needed.

Applicant Requirement:
- Requires successful completion of selection process, completion of background investigation and verification of identity/work authorization. Employment application must be completed in its entirety; an attached resume' for review is appreciated. Please apply in-person, fax or mail application to the attention of Carmen Sanchez at the Edna Vihel Activities Center.

Selection Criteria:

Applicants whose experience and training are most closely suited to the needs of the City of Tempe will be selected for an interview. Interviews will assess applicant's knowledge, skills and abilities as they relate to the job functions specific to the position.

Submit Application to:
City of Tempe
Edna Vihel Activities Center
Attn. Carmen Sanchez
3340 S. Rural Road
Tempe, Arizona 85282

For questions, please contact:
Carmen Sanchez/ Sr. Recreation Coordinator
Community Interest Programming
Phone: (480) 350-5216
Fax: (480) 350-5161
TDD: (480) 350-8400
Email: Carmen_sanchez@tempe.gov

The City of Tempe is an equal opportunity/reasonable accommodation employer.

City of Tempe - Community Services Department
Edna Vihel Center 3340 S. Rural Road Tempe, Arizona 85282
(480) 350-5287

Application For Part-Time Employment

An Equal Opportunity Reasonable Accommodation Employer

PRINT CLEARLY AND NEATLY IN INK OR USE TYPEWRITER.
ANSWER ALL QUESTIONS COMPLETELY. SIGN THE APPLICATION

TITLE OF POSITION:_____
(Specify type of class)

1. **Name:** _____ 2. **Social Security #:** _____-_____-_____
Last First Middle In.

3. **Address:** _____
Street - Apt. # City State Zip Code

4. **Phone - Home:** _____ Cell: _____ **e-mail:** _____

5. **Driver's License:** #: _____ State: _____ Class: _ Expiration Date: _____
Is this license currently valid: **Yes ____No**

6. Are you at least 16 years old? **Yes ___No ____** Upon hiring, you may be required to show proof.

7. Are you a United States citizen or a legally registered alien? **Yes ___No**

8. Are you related to any member of the City Council or any City Board or Commission member or any City employee?
Yes ___No ____ If yes, indicate WORK, RELATIONSHIP AND POSITION: _____
_____

9. Have you ever worked for the City of Tempe? **Yes ___No ____**If yes, WHEN: _____Month/Year

10. Dates available: From _____To _____. Specify times you are available to work:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
List specific hours you are available to work, i.e. 8am-noon							

11. EDUCATION: Circle highest grade completed
GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5 6

12. HIGH SCHOOL AND INSTITUTIONS OF HIGHER LEARNING

Name	Dates Attended	Major	Degree or Diploma Obtained

13. CERTIFICATION OR REGISTRATION: (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I., etc.)
Current type of certifications: _____ Expiration Date: _____
_____ _____
_____ _____
_____ _____

Attach copies of current certifications to application

EMPLOYMENT HISTORY:

Indicate your experience in each position beginning with your present or most recent position, including any military and volunteer experience. **Show your entire work history.** The amount of experience and the way you describe it, as it pertains to the position you are seeking, will determine whether or not you are given further consideration for the position. ***You may attach a resume to your application; however, your qualifications will be evaluated solely on this completed application form and supplemental questionnaire(s).***

14. **Place of Employment or Volunteer Experience:** _____ **Phone:** _____
FAX: _____ Address: _____
_____
Street City State Zip Code
Kind of Business: _____ Your Title:
Supervisor Name/Title:
Employment Dates: From _____ To _____ Total Time There
Month/Year Month/Year Year(s) Month
Hours Per Week ____ Starting Wage $_____ per _____ Ending Wage $ _____ per
Description of Work Performed: _____
_____
_____
_____

Reason for leaving or wanting to change: _____
May we contact this employer if you are considered for the position: Yes ___No

15. **Place of Employment or Volunteer Experience:** _____ **Phone:** _____
FAX:
Address: _____
Street City State Zip Code
Kind of Business: _____ Your Title:
Supervisor Name/Title:
Employment Dates: From _____ To _____ Total Time There
Month/Year Month/Year Year(s) Month
Hours Per Week ____ Starting Wage $_____ per _____ Ending Wage $ _____ per
Description of Work Performed: _____
_____
_____
_____

Reason for leaving or wanting to change: _____
May we contact this employer if you are considered for the position: Yes ___No

16. **Place of Employment or Volunteer Experience:** _____ **Phone:** _____
FAX:
Address: _____
Street City State Zip Code
Kind of Business: _____ Your Title:
Supervisor Name/Title:
Employment Dates: From _____ To _____ Total Time There
Month/Year Month/Year Year(s) Month
Hours Per Week ____ Starting Wage $_____ per _____ Ending Wage $ _____ per
Description of Work Performed: _____
_____
_____
_____

Reason for leaving or wanting to change: _____
May we contact this employer if you are considered for the position: Yes ___No

23. Please list other names you have gone by, so we can verify your previous work experience and/or education:
_____

24. 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, driving under the influence, excessive speeding, and similar charges are ***not*** considered minor traffic offenses; furthermore, an excessive number of traffic

violations (including minor/civil offenses) should be reported.

Yes ☐ No ☐ If Yes, give details, including charges, dates, locations, etc. (attach a separate page if necessary): _____

_____

_____

It is to your advantage to provide a full disclosure of your record, as convictions do not automatically bar you from employment with the City. **However, failure to admit convictions <u>will</u> result in automatic disqualification from new or continued employment** (tempered by the specific considerations listed in the "Truth in Application Policy" below).

TRUTH IN APPLICATION POLICY

The City of Tempe places a prime value on integrity. This value applies to all phases of City business. In particular, the City values, and in fact requires, honesty in completing employment applications. This is important to creating a fair process oriented towards selecting the best candidate. Therefore, the City will not tolerate lies or omissions of material fact on employment applications.

The City of Tempe has a *"zero tolerance"* of untruthfulness in application materials. The City conducts a background check upon hire to verify the information contained in the application. However, at the same time that the City values integrity and truth in applications, it recognizes that people may make mistakes and may learn from them. Therefore, the City's *"zero tolerance",* as stated in this policy, is tempered by the following considerations:

1. 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.

2. Applicants are not required to report convictions that have been expunged or sealed by a court of law.

3. If misstatements or omissions of material fact are discovered after seven (7) years of the date of an application, they may be grounds for dismissal from City employment, but such dismissal will be considered on a case-by-case basis, weighing the severity of the misstatement/omission against subsequent job performance and its relationship to the job.

I agree and understand that any deliberate misstatement or omission of material fact on application documents will cause forfeiture on my part of all eligibility to any employment with the City of Tempe, and will cause forfeiture of my job if I am currently employed or become employed by the City of Tempe.

<u>My signature on this application form acknowledges my understanding and agreement with the above policy</u>.

25. I certify that all statements made on all application materials are true and complete. 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.

_____

SIGNATURE DATE

Tempe

Name: _____ Social Security No.: _____

I hereby authorize the City of Tempe to check my references with the following employer (**complete one box for each employer listed on application and supplement. Make additional copies if needed**):

Date(s) Employed:

Company Name:

Address/City/Zip:

Supervisor's Name/Title:

Phone #: (_____)

Signature_____ Date _____

Tempe

Name: _____ Social Security No.:

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Date(s) Employed:

Company Name:

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Supervisor's Name/Title:

Phone #: (_____)

Signature_____ Date _____

Tempe

Name: _____ Social Security No.:

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Date(s) Employed:

Company Name:

Address/City/Zip:

Supervisor's Name/Title:

Phone #: (_____)

Signature_____ Date _____