# **CITY OF TEMPE**

# **Temporary Employment Opportunity**



Public Works Department · Field Operations Division · PO Box 5002, Tempe, AZ 85280

### **Solid Waste Data Specialist**

Public Works Department - Field Operations Division

Opening Date: November 8, 2018

Closing Date: Open until filled / First Review: December 7, 2018

Salary: \$15.93 per hour

**Work Schedule:** Part Time not to exceed 19.5 hours/week

Flexible hours Monday through Friday, between 5a.m. and 5p.m.

This is a Temporary Non-Benefitted position Anticipated position duration: not to exceed 2 years

The Solid Waste Data Specialist will actively support and uphold the City's stated mission and values. The Solid Waste division utilizes a GIS (Geographic Information System) mapping system to service over 35,000 residents and customers. This position will perform a variety of routine and complex technical GIS duties involved in the support of the Solid Waste GIS database.

Education: Course work in GIS required

**Experience:** Proficiency in Microsoft Office and GIS is required. Experience creating and entering data into Microsoft Excel spreadsheets required. Experience working with routing and collecting data preferred.

**Licenses/Certifications:** None required.

#### **Essential Functions:**

Duties may include but are not limited to the following:

- Create and update GIS maps.
- Assist with routing and rerouting Solid Waste operations.
- Create daily reports using GPS software.
- Check in/out city equipment.
- Perform related duties as assigned.

#### **Applicant Requirement:**

Requires successful completion of selection process, completion of background investigation and verification of identity/work authorization.

#### **Supplemental Questions:**

- 1. Describe your experience or training using ARC GIS. Please include your role and length of time in that role.
- 2. Describe your experience doing data analysis including your role and length of time in that role.
- 3. Describe your experience preparing reports including types of reports, your role and length of time in that role.

### SUBMIT APPLICATION AND ANSWERS TO SUPPLEMENTAL QUESTIONS TO:

Via Email: Cody\_Lowe@Tempe.gov

Via Hand Delivery: City of Tempe

Public Works / Field Operations Division

55 S. Priest Drive Tempe, Arizona 85281 Attn: Rebecca Orta

Via Mail: City of Tempe

Public Works / Field Operations Division P.O. Box 5002, Tempe, Arizona 85280

Attn: Cody Lowe

#### For questions, please contact:

Cody Lowe, Business Systems Supervisor E-mail: Cody\_Lowe@Tempe.gov (480) 350-8121

An equal opportunity/reasonable accommodation employer.



			First Nam	e:		MI:
Street Address:					City, State, Zip	
Phone Number:		E-Mail	Address:			
Position(s) apply	ying for					
Oo you possess	a valid Driver's Li	c <b>ense</b> (may be requ	uired for certain po	ositions)?	s No	
Your age group	is?	ars 🗌 18-20 yea	rs 🗌 21 years+			
Are you a U.S. C	itizen or a non-U	S. Citizen author	ized to work in tl	he United States	? Yes I	No
Have you ever w	orked for the Cit	y of Tempe? 🗌 🗎	res No			
If yes, from	(mm,	/yy) to	(mm/yy)			
empe employe	e? Yes No	If yes, please in	dicate his/her no	ame, position, an	d relationship to	you:
To assist us with	verifying previo	us work experien	ce and /or educa	tion, please list	other names you	ı have gone by:
	an?	o				
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Have you obtained a high school diploma or a high school equivalent certification?							
If no, please indicate your highest grade level completed							
Education from an accredited College/University:							
College:	Major:	Type of Degree:	Degree Completed:	:			
			☐ Yes ☐ No				
			☐ Yes ☐ No				
			☐ Yes ☐ No				
Trade and/or Technical Schoo	ls:	1	T				
Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	:			
			☐ Yes ☐ No				
			☐ Yes ☐ No				
Certification or Registration (C	CPR, First Aid, Adv. Lifesaving,	Lifeguard Training,	W.S.I etc.)				
		License	Data Danais and	Expiration			
Type of Professional Registrat	ion, License, and/or Certificati	on: Number (if applicable)	Date Received:	Date			
		(II applicable)		(if applicable):			
Special training <b>that relates to</b>	this nosition:						
Special training that relates to	this position.						
List computer software progra	m(s) with which you are profic	cient in operating <b>the</b>	at relate to this posit	ion:			
		-					
	_						
Language Proficiency (other the	an English):						
Language:	Speak:	Read:		Write:			
	☐ Yes ☐ No			<u>′es □ No</u>			
	☐ Yes ☐ No			<u>′es □ No</u>			
	□ Ves □ No	L Ves L N	lo I LI V	'es 🗀 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.

Place of Employment or Volunteer Experience:		
Address:	Phone:	
Job Title:	Employees Supervised:	
Supervisor (Name/Title/Phone):		
Employment Dates (mm/yy):		
Hours Per Week:	Wage: \$ per	
Work Performed:		
Reason for Leaving:		
Place of Employment or Volunteer Experience:		
Address:	Phone:	
Job Title:	Employees Supervised:	
Supervisor (Name/Title/Phone):		
Employment Dates (mm/yy):		
Hours per Week:	Wage: \$ per	
Work Performed:		
Reason for Leaving:		
Place of Employment or Volunteer Experience:		
	Dhana	
Address:  Job Title:	Phone: Employees Supervised:	
Supervisor (Name/Title/Phone):	Employees Supervised.	
Employment Dates (mm/yy):		
Hours Per Week:	Wage: \$ per	
Work Performed:	vvage. ψ pei	
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Reason for Leaving:		

Place of Employment or Volunteer	Experience:				
Address:	Phone:				
Job Title:	Employe	ees Supervised:			
Supervisor (Name/Title/Phone):					
Employment Dates (mm/yy):					
Hours Per Week:	Wage: \$	S per			
Work Performed:					
Reason for Leaving:					
Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?  Yes No If Yes, please explain:					
I certify that all statements made of and complete. I understand the application, removal of my name fany individual, company, organiza	at any omission, misstatement, or falsifi from an eligibility list(s), and/or discharge ation, or institution to release any and all in hereby release all parties and individuals	any supplemental questionnaire(s) are true ication may be cause for rejection of this from City Service. In addition, I authorize information concerning statements made by a connected therewith from all liabilities for			
Print Applicant's Name	Applicant Signature	Date			
FOR ADMINISTRATIVE USE C	<u>)NLY</u>				
Job Code:	Cost Cen	ter:			
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