

# CITY OF TEMPE

## Temporary Employment Opportunity



Community Health and Human Services/CARE 7 | PO Box 5002 Tempe, AZ 85280 | 480-350-8004 | [www.tempe.gov/jobs](http://www.tempe.gov/jobs)

### CARE 7 Crisis Triage and Intake Admin

**Opening Date:** September 12, 2024  
**Closing Date:** Until the needs of the city are met  
**Hourly Wage:** \$18.94  
**Work Schedule:** Up to 40 hours per week, may include evenings and weekends

This is a Temporary Non-Benefitted position and is considered a safety sensitive position.

#### Experience & Training:

- Bachelor's degree in behavioral health or related field plus at least 6 months experience in behavioral health; or
- Associate degree in behavioral health or related field plus at least 1 year of experience in behavioral health; or
- High School diploma or equivalent and at least 2 years' experience in behavioral health
- Spanish-speaking skills are highly desired

#### Essential Job Functions:

- Answer incoming calls from the Tempe Police Department dispatchers and from the community.
- Provide de-escalation and grounding to callers in a an emotionally heightened state.
- Gather pertinent information about client to include:
  - Full name
  - Date of birth
  - Location
  - Brief description of issue (mental health, substance use or other)
  - Find inpatient mental health bed or detox availability, when needed
  - Dispatch the appropriate CARE 7 mobile crisis unit (Mental Health Response Team MHRT, VS276 or main unit), as needed.
- Utilize critical thinking and effective decision making for managing high-acuity crisis requests and decision-making skills that facilitate safety and crisis resolution.
- Provide the caller with detailed information (verbally or electronically) regarding the resources available to meet a wide variety of needs. May walk a client through detailed processes, like what to do after a death, how to petition a mentally ill family member, how to navigate an eviction/housing concern, how to file for an Order of Protection.

- Initiate referrals to internal CARE 7 programs, Community Health and Human Services programs, city departments, or to the appropriate community agency/partner when needed.
- Enter client interactions into an electronic health record in an appropriate and timely manner.
- Assist with all work groups within CARE 7 as needed.
- Perform job duties adequately and properly; follow personnel and department policies and operating procedures; show respect, tact, and courtesy in dealings with coworkers and the general public; behave in a manner that does not obstruct or hinder other employees from completing their duties; act in a manner that is safe and follow the City's safety procedures at all times.
- Perform related duties as assigned.

### **Applicant Requirements:**

- Requires successful completion of selection process.
- Completion of background investigation and.
- Verification of identity/work authorization.
- Pre-employment or pre-placement alcohol, drug and/or controlled substance testing. Employees in this safety-sensitive job classification are prohibited from all marijuana usage whether medical or recreational.
- Must possess a fingerprint clearance card.

### **How to Apply:**

Interested applicants should send a cover letter, resume, and application by email to Andrea Falsetto at [andrea\\_falsetto@tempe.gov](mailto:andrea_falsetto@tempe.gov). Please type "Crisis Triage Intake Admin" in the email subject line. If submitting a hard copy, deliver to: City of Tempe, Community Health and Human Services, CARE 7 PO Box 5002, Mail stop 16-2 Tempe, Arizona 85280

**For questions, please contact: Andrea Falsetto / Sr. Social Services Coordinator  
480-858-2441/ [andrea\\_falsetto@tempe.gov](mailto:andrea_falsetto@tempe.gov)**

### **Equal Employment Opportunity:**

The City of Tempe is an Equal Opportunity / Reasonable Accommodation employer. The city does not discriminate based on race, color, gender identity, sexual orientation, religion, national origin, familial status, age, disability, and United States military veteran status. Pursuant to the Americans with Disabilities Act, the city will make a reasonable accommodation(s) during the recruitment & selection process. Persons with a disability may request reasonable accommodation by contacting Human Resources at 480-350-8276. Requests should be made as early as possible to allow time to arrange the accommodation.



# Temporary Employment Application

Last Name:		First Name:		MI:
Street Address:			City, State, Zip	
Phone Number:		E-Mail Address:		

Position(s) applying for \_\_\_\_\_

Do you possess a valid Driver's License (may be required for certain positions)?  Yes  No

Your age group is?  15-17 years  18-20 years  21 years+

Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States?  Yes  No

Have you ever worked for the City of Tempe?  Yes  No

If yes, from \_\_\_\_\_ (mm/yy) to \_\_\_\_\_ (mm/yy)

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, please indicate his/her name, position, and relationship to you:

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To assist us with verifying previous work experience and /or education, please list other names you have gone by:

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Are you a veteran?  Yes  No

NOTE: 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 the time you are invited to a testing process.

Dates available: From \_\_\_\_\_ To \_\_\_\_\_

Please specify times you are available to work on the chart below.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Have you obtained a high school diploma or a high school equivalent certification?  Yes  No

If no, please indicate your highest grade level completed \_\_\_\_\_

**Education from an accredited College/University:**

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

**Trade and/or Technical Schools:**

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

**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):

Special training *that relates to this position*:

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

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**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:

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Address:

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Phone:

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Job Title:

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Employees Supervised:

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Supervisor (Name/Title/Phone):

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Employment Dates (mm/yy):

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Hours Per Week:

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Wage: \$            per

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Work Performed:

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Reason for Leaving:

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Place of Employment or Volunteer Experience:

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Address:

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Phone:

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Job Title:

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Employees Supervised:

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Supervisor (Name/Title/Phone):

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Employment Dates (mm/yy):

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Hours per Week:

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Wage: \$            per

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Work Performed:

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Reason for Leaving:

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Place of Employment or Volunteer Experience:

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Address:

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Phone:

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Job Title:

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Employees Supervised:

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Supervisor (Name/Title/Phone):

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Employment Dates (mm/yy):

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Hours Per Week:

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Wage: \$            per

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Work Performed:

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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:		

**Have you ever been requested or forced to resign from a position for misconduct or unsatisfactory service?**

Yes  No *If Yes, please explain:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.</b>		
<p>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.</p>		
Print Applicant's Name	Applicant Signature	Date

<b><u>FOR ADMINISTRATIVE USE ONLY</u></b>	
Job Code: _____	Cost Center: _____
Title: _____	Hourly Wage: _____
Supervisor: _____	Weekly Hours: _____