

CITY OF TEMPE

Temporary Employment Opportunity



Human Services – Social Services | 715 W 5th Street, Tempe, AZ, 85281 | 480.858.2420 | www.tempe.gov/jobs

Program Coordinator – Dennis J. Cahill Senior Center

Opening Date: October 21. 2024
Closing Date: December 20. 2024
Hourly Wage: \$17.20 per hour
Work Schedule: Tuesday through Friday; hours will range between 08:00 AM – 03:30 PM.
Scheduled hours will be approximately 25 hours per week; 4 days a week.

This is a Temporary Non-Benefitted Position

Experience & Training:

- Experience in recreation programming, operation of a community center, and working with the senior adult population is preferred.
- Experience cooking for large numbers. Some college level coursework in recreation, gerontology and/or related field is preferred.

Licenses /Certifications:

- Possession of, or ability to obtain, an appropriate Arizona driver's license.
- Must obtain current CPR/First Aid Certification/AED Certification and Maricopa County Food Handler's Card within 30 days of hire date.

Essential Job Functions:

- Facilitate and assist in instructional activities for retirees including but not limited to, multigenerational programs, craft classes, exercise classes, entertainment groups, and special events.
- Lead in meal preparation and clean up for luncheon events in a commercial kitchen, weekly.
- Prepare lunch meal recipes and food supply shopping lists.
- Schedule and coordinate volunteers to assist with meal preparation.
- Provide customer service at the front desk 1-2 days per week; answer telephone, handle customer inquiries, monitor computer lab, cash handling/prepare bank deposit and basic clerical duties.
- Use moderate physical exertion in lifting and moving equipment, supplies, and room furniture.
- Attend staff meetings.
- Perform other job duties as assigned.

Applicant Requirements:

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

How to Apply:

Interested applicants should send a cover letter, resume, and application to Britney Griggs by email at Britney_griggs@tempe.gov. Please type "Program Coordinator" in the email subject line.

If submitting a hard copy, deliver to:

City of Tempe, Dennis J. Cahill Senior Center, 715 W. 5th Street, Tempe, Arizona 85281

For questions, please contact:

Britney Griggs / Assistant Recreation Coordinator
480-858-2166 or Britney_griggs@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:

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

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*:

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

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.

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:

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:		

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

Yes No *If Yes, please explain:*

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

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