

## Customer Relations Specialist

<b>Opening Date:</b>	October 29, 2024
<b>Closing Date:</b>	December 27, 2024
<b>Hourly Wage:</b>	\$21.00 per hour
<b>Work Schedule:</b>	Wednesday – Sunday, 09:00 a.m. – 06:00 p.m. <b>This is a position that works remotely, after training.</b>

**This is a Temporary Non-Benefitted position.  
Must live in the Phoenix Metropolitan area.**

### Experience & Training:

- Requires two (2) years of customer service experience preferably in the public sector and/or call center setting.
- Strong written, verbal and telephone communication skills.
- Strong computer skills; Experience with CRM systems, Cisco services, SharePoint Online, Microsoft Teams, OneDrive, and the Microsoft Office 365 suite of applications.
- Bilingual (Spanish / English) skills preferred.

### Education:

- High school diploma, GED, or equivalency.

### Essential Job Functions:

- Perform a wide variety of complex customer service work involving specific requests for information, problem analysis and complaint resolution.
- Research inquiries and manage requests for service across multiple departments, including but not limited to: Accela (CRM, Automation), Active Citizen Request (ACR), ActiveNet, Polaris, Oracle (CC&B), Routeware, Calabrio One, Cisco, GIS & ArcReader, Permits Plus, Hansen, Microsoft Outlook, Word, Publisher Excel, Skype for Business, Sharepoint, Peoplesoft and a variety of search engines.
- Receive and answer complex questions from customers providing routine and general information on city ordinances, policies and operating procedures relevant to various city work areas.
- Efficiently manage service requests received from multiple sources including phone, email, internet, mobile citizen application for various city departments by accurately entering information in CRM.
- Ensure timely resolution of resident concerns by following up with other departments on requests.
- Recognize and transfer questions / issues beyond the scope of provided information in computer systems or those issues requiring escalation.
- Handle all interactions, regardless of the caller's attitude or conduct, with superior customer service, by maintaining a positive, polite, and professional demeanor.
- Research, update, and maintain accurate departmental information in CRM (knowledgebase) and Tempe 311 web content.
- Research, analyze, compile, and prepare statistical reports.
- Perform related duties as assigned.

### **Applicant Requirement:**

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 **Kim Moncayo** by email at **Kim\_Moncayo@tempe.gov**. Please type “**Customer Relations Specialist**” in the email subject line.

**For questions, please contact:**  
**Kim Moncayo / Customer Relations Supervisor**  
**[Kim\\_Moncayo@tempe.gov](mailto:Kim_Moncayo@tempe.gov)**  
**480-858-2597**

### **Equal Employment Opportunity:**

The City of Tempe is an Equal Opportunity / Reasonable Accommodation employer. The City does not discriminate on the basis of 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 a 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:*

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<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: _____