

# CITY OF TEMPE

## Temporary Employment Opportunity



Community Services-Recreation Division • 6111 S. All America Way • 480.350.5702 • [www.tempe.gov/jobs](http://www.tempe.gov/jobs)

### Customer Service Associate at Kiwanis Recreation Center (City of Tempe / Community Services-REC Division)

**Opening Date:** February 3, 2020

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

**Hourly Wage:** \$12.75 per hour

**Work Schedules:** Varying schedules needed: Monday-Friday opening shifts (6:30 a.m. to 11:30 a.m.); mid-day (12:00 p.m. to 5:30 p.m.); closing shifts (4:30 p.m. to 10:30 p.m.); Saturdays 7:30 a.m. to 6:30 p.m.; Sundays 8:30 a.m. to 5:30 p.m. Minimum of 2 shifts a week; Maximum of 5 shifts a week.

**This is a Temporary Non-Benefitted position.**

#### **Experience & Training:**

Experience in customer service, cash handling, computerized Point of Sale system, filing, using a multi-line phone system, and receiving and distributing incoming and outgoing correspondence is desirable. Available to work a flexible schedule, weekday mornings, evenings and weekends is most desirable. Regular and consistent attendance and punctuality are essential to this position. A minimum of a high school diploma or GED is required.

#### **Licenses/Certifications:**

- Current CPR/AED is desirable

#### **Essential Job Functions:**

- A professional appearance with a pleasant, outgoing personality
- Responsible and dependable
- Punctuality is **essential** and **required**
- Flexible with ability in multi-tasking work assignments
- Cash handling experience with checks, credit cards, and cash
- Operate a Point of Sale system/cash register and perform simple mathematical calculations.
- Able to work weekends, and weekdays as late as 10:30 pm and as early as 6:30 am.
- Ability to provide outstanding Customer Service to the general public and over the telephone.
- Ability and desire to present a quality experience for our customers
- Ability to adjust priorities, be organized and manage time wisely in a fast-paced environment
- Responsible for providing directional information to visitors at KRC
- Courteous and friendly conduct in dealing with customers and co-workers
- Perform clerical duties using a variety of equipment, ex: computers, copy & fax machine.
- Ability to stand at customer service counter for an entire shift
- Ability to lift 20 lbs.
- Ability to repeatedly bend, stoop or walk.
- Assisting customer with class, membership and program registrations, facility rentals, etc.
- Ability to work through customer challenges and report issues to supervisor or the manager on duty.

**Applicant Requirement:**

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

**SUBMIT APPLICATION TO:  
City of Tempe  
Kiwanis Recreation Center  
Attn: Carrie Reither  
6111 S. All America Way  
Tempe, Arizona 85281**

**For questions, please contact:  
Carrie Reither / Community Services Supervisor  
480-350-5717 or [Carrie\\_reither@tempe.gov](mailto:Carrie_reither@tempe.gov)**

An equal opportunity/reasonable accommodation employer



# 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:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<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>	
<b>Job Code:</b> _____	<b>Cost Center:</b> _____
<b>Title:</b> _____	<b>Hourly Wage:</b> _____
<b>Supervisor:</b> _____	<b>Weekly Hours:</b> _____