

CITY OF TEMPE

Temporary Employment Opportunity



Community Services • Kiwanis Recreation Center • 6111 S. All America Way • 480.350.5702 • www.tempe.gov/jobs

Event Attendant (Kiwanis Recreation Center-Recreation Division)

Opening Date: February 21, 2020

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

Hourly Wage: \$12.00 per hour

Work Schedule: 10 to 12 hours a week. On Saturday/Sunday only; 12:00 p.m. to 5:30pm and/or 12:00 p.m. to 8:30 p.m.

This is a Seasonal Temporary Non-Benefitted position

Experience & Training:

- Must be 16 years+ of age when starting.
- Willing to train attendant to become knowledgeable of pool party packages and procedures.
- Will provide excellent hands-on customer service to patrons attending pool parties.
- Able to work in a humid Indoor Wave Pool/Concessions chlorine environment.
- Ability to provide outstanding customer service to the public in person in a fast-paced work environment.

Essential Job Functions:

- Serve as a host for party reservations on the indoor pool deck from start to finish.
- Serve drinks, pizza and cake to customers.
- Responsible for setting up/break down and cleaning check in and party area, conduct inventory.
- Ability to problem solve, be flexible, multi-task and execute tasks in a timely manner.
- A professional appearance with a pleasant, outgoing “can do” attitude.
- Respectful, friendly, calm demeanor required when dealing with customers and co-workers.
- Work under the direction and supervision of the Party Manager.
- Shift requires standing/walking for extended periods of time.
- Must be responsible and reliable. Punctuality is essential and required.

Licenses/Certifications:

- Food Handlers Certification from the Maricopa County Department of Health Services is required (can obtain online)

Additional Information:

This position is seasonal in nature, with most of the hours occurring between April through October. During the off-season, there are other opportunities for employment in other departments at the Kiwanis Recreation Center.

Applicant Requirement:

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

Selection Criteria:

Applications will be reviewed and only the most qualified applicants will be interviewed. Criteria will be based on job-related knowledge, skills and abilities.

SUBMIT APPLICATION TO:

**City of Tempe
Kiwanis Recreation Center
Attn: Georgina Madrigal
6111 S. All America Way
Tempe, Arizona 85281**

For questions, please contact:

Georgina Madrigal / Assistant Recreation Coordinator

Phone: 480-350-5725

Fax: 480-350-5777

www.tempe.gov/jobs

Email: Georgina_Madrigal@tempe.gov

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:

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: _____