City of Tempe / Application for Employment

City of Tempe / North Tempe Community Center / 1555 N Bridalwreath St / Tempe AZ 85281 / (480) 858-6500 / www.tempe.gov/northtempe

Program Areas (Check program areas of interest)

☐ **Clerical** ☐ **Program Leader** ☐ **Building Supervisor**

1. **Title of Position:** _____

2. **Name:** _____
   LAST FIRST MIDDLE INITIAL

3. **Social Security Number:** _____

4. **Mailing Address:** _____
   Street Address City State Zip

5. **Phone Number: HOME:** _____ **MESSAGE:** _____

6. **Driver's License # :** _____ **State:** **Class:** **Expiration Date:** _____

7. Are you at least 18 years old? Yes _____ No _____ Are you at least 21 years old? Yes _____ No _____
   (Upon hiring, you may be required to show proof)

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

9. Have you ever worked for the City of Tempe? ☐ Yes ☐ No If Yes, from _____ (Mo/Yr) to _____ (Mo/Yr)

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

11. 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, indicate his/her **Name, Position, and Relationship to you**:
    _____
    _____

12. Dates available: From _____To _____ Specify times you are available to work

Specify Times	MON	TUES	WED	THURS	FRI	SAT	SUN
Mornings							
Afternoons							
Evenings							

13. Education: Circle highest grade completed

HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5 6 GED _____

14. Education from an **Accredited** College/University:

College:	Major:	Type of Degree:	Degree Completed:	Date Obtained:
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	
			☐ Yes ☐ No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Date Obtained:
			☐ Yes ☐ No	
			☐ Yes ☐ No	

16a. 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):

16b. Special training ***that relates to this position:***

_____

_____

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

_____

_____

_____

_____

18. Language Proficiency (Other than English):

Language:	Speak:	Read:	Write:
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ 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: Type of Business:

Address: Phone:

Job Title: Number of Employees Supervised:

Supervisor (Name/Title/Phone):

Employment Dates: from / (Mo/Yr) to / (Mo/Yr) Total Time Employed: Yrs Mos

Hours Per Week: Present/Ending Wage: $ Per

Work Performed:

Reason for Leaving:

Place of Employment or Volunteer Experience: Type of Business:

Address: Phone:

Job Title: Number of Employees Supervised:

Supervisor (Name/Title/Phone):

Employment Dates: from / (Mo/Yr) to / (Mo/Yr) Total Time Employed: Yrs Mos

Hours Per Week: Ending Wage: $ Per

Work Performed:

Reason for Leaving:

Place of Employment or Volunteer Experience: Type of Business:

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Employment Dates: from / (Mo/Yr) to / (Mo/Yr) Total Time Employed: Yrs Mos

Hours Per Week: Ending Wage: $ Per

Work Performed:

Reason for Leaving:

Place of Employment or Volunteer Experience:	Type of Business:
Address:	Phone:
Job Title:	Number of Employees Supervised:
Supervisor (Name/Title/Phone):	
Employment Dates: from / (Mo/Yr) to / (Mo/Yr)	Total Time Employed: Yrs Mos
Hours Per Week:	Ending Wage: $ Per
Work Performed:	
Reason for Leaving:	

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

☐ Yes ☐ No If Yes, please explain:

22. Have you ever been convicted of a ***misdemeanor*** or ***felony*** (other than minor/civil traffic offenses), placed on probation, fined or given a suspended sentence (include military trial convictions)?

Note: Reckless operation, hit-and-run, D.U.I., excessive speeding, and similar charges are NOT considered minor traffic offenses. Moreover, an excessive number of traffic violations (including minor/civil offenses) should be reported.

☐ Yes ☐ No If Yes, provide charges, dates and locations:

Convictions will not automatically bar an applicant from employment for City jobs. The relationship of the conviction to the job, as well as its severity, the passage of time, and subsequent job performance will all be considered.

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

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.

Print Applicant's Name	Applicant Signature	Date