



# Application For Temporary Recreation Employment

**(NOT FOR SUMMER EMPLOYMENT)**

CHECK REQUIRED AVAILABILITY BEFORE INDICATING PROGRAM INTEREST. An Equal Opportunity Reasonable Accommodation Employer

PRINT CLEARLY AND NEATLY IN INK OR USE TYPEWRITER.  
 ANSWER ALL QUESTIONS COMPLETELY. SIGN THE APPLICATION

**TITLE OF POSITION:** \_\_\_\_\_

1. **Name:** \_\_\_\_\_ 2. **Social Security #:** \_\_\_\_\_  
Last First Middle I.

3. **Address:** \_\_\_\_\_  
Street - Apt. # City State Zip Code

4. **Phone - Home:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Message:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

5. **Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_**  
 Is this license currently valid: **Yes \_\_\_\_\_ No \_\_\_\_\_**

6. Are you at least 16 years old? **Yes \_\_\_\_\_ No \_\_\_\_\_** Upon hiring, you may be required to show proof.

7. Are you a U.S. Citizen or a non-U.S. Citizen authorized to work in the United States? **Yes \_\_\_\_\_ No \_\_\_\_\_**

8. Are you related to any member of the City Council or any City Board or Commission member or any City employee?  
**Yes \_\_\_\_\_ No \_\_\_\_\_** If yes, indicate WORK, RELATIONSHIP AND POSITION: \_\_\_\_\_

9. Have you ever worked for the City of Tempe? **Yes \_\_\_\_\_ No \_\_\_\_\_** If yes, WHEN: \_\_\_\_\_ Month/Year

10. Dates available: From \_\_\_\_\_ To \_\_\_\_\_. Specify times you are available to work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
List specific hours you are available to work, i.e. 8am-noon							

11. **EDUCATION:** Circle highest grade completed  
**GRADE SCHOOL 1 2 3 4 5 6 7 8 HIGH SCHOOL 9 10 11 12 COLLEGE 1 2 3 4 5 6**

12. **HIGH SCHOOL AND INSTITUTIONS OF HIGHER LEARNING**  
 Name \_\_\_\_\_ Dates Attended \_\_\_\_\_ Major \_\_\_\_\_ Degree or Diploma Obtained \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

13. **CERTIFICATION/REGISTRATION:** (CPR, First Aid, Adv. Lifesaving, Lifeguard Training, W.S.I., etc.) Attach copies of current Certifications to application  
 Current type of certifications: \_\_\_\_\_ Expiration Dates: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. Are you claiming Civil Service Preference for Veteran's under ARS 38-492:  
 ▪ As a qualified or disabled veteran?  Yes  No *If yes, you must submit Form DD214, or certification from the Veteran's Administration.*  
 ▪ As a spouse of an eligible veteran pursuant to ARS 38-492(D)?  Yes  No *If yes, you must submit Form DD214, or certification from the Veteran's Administration.*

**(Turn Over)**

**You may make copies and use as many of these sheets as necessary to continue your employment history.**

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).

RESUMES MAY NOT BE SUBSTITUTED FOR THE REQUESTED INFORMATION.

**DO NOT WRITE "SEE RESUME" IN THE SPACES BELOW.**

15. **Place of Employment or Volunteer Experience:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Total Time There \_\_\_\_\_  
Month/Year Month/Year Year(s) Month(s)

Hours Per Week \_\_\_\_\_ Starting Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Present/Ending Wage \$ \_\_\_\_\_ per \_\_\_\_\_

Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or wanting to change: \_\_\_\_\_

May we contact this employer if you are considered for the position? Yes \_\_\_\_\_ No \_\_\_\_\_

16. **Place of Employment or Volunteer Experience:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Total Time There \_\_\_\_\_  
Month/Year Month/Year Year(s) Month(s)

Hours Per Week \_\_\_\_\_ Starting Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Present/Ending Wage \$ \_\_\_\_\_ per \_\_\_\_\_

Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or wanting to change: \_\_\_\_\_

May we contact this employer if you are considered for the position? Yes \_\_\_\_\_ No \_\_\_\_\_

17. **Place of Employment or Volunteer Experience:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor Name/Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Total Time There \_\_\_\_\_  
Month/Year Month/Year Year(s) Month(s)

Hours Per Week \_\_\_\_\_ Starting Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Present/Ending Wage \$ \_\_\_\_\_ per \_\_\_\_\_

Description of work performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason for leaving or wanting to change: \_\_\_\_\_

May we contact this employer if you are considered for the position? Yes \_\_\_\_\_ No \_\_\_\_\_

18. Please list other names you have gone by, so we can verify your previous work experience and/or education:

\_\_\_\_\_

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

Yes  No If Yes, please explain:

20. 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

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I hereby authorize the City of Tempe to check my references with the following employer (**complete one box for each employer listed on application and supplement-make additional copies if needed**):

Date(s) Employed: _____
Company Name: _____
Address/City/Zip: _____
Supervisor's Name/Title: _____
Phone #: ( ) _____ Fax # ( ) _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I hereby authorize the City of Tempe to check my references with the following employer (**complete one box for each employer listed on application and supplement-make additional copies if needed**):

Date(s) Employed: _____
Company Name: _____
Address/City/Zip: _____
Supervisor's Name/Title: _____
Phone #: ( ) _____ Fax # ( ) _____

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I hereby authorize the City of Tempe to check my references with the following employer (**complete one box for each employer listed on application and supplement-make additional copies if needed**):

Date(s) Employed: _____
Company Name: _____
Address/City/Zip: _____
Supervisor's Name/Title: _____
Phone #: ( ) _____ Fax # ( ) _____

Signature \_\_\_\_\_ Date \_\_\_\_\_