

EMPLOYMENT OPPORTUNITY

20 East Sixth Street • Tempe, Arizona 85281 • 480/350-8276 • TDD 480/350-8400
<http://www.tempe.gov>

Committed to Equal Opportunity and Reasonable Accommodation



DETENTION OFFICER TRAINEE / DETENTION OFFICER (Police/Support Services/Detention) Recruitment Code #: 300223

New hires will be placed at either the Detention Trainee-level or the higher Detention Officer-level based upon their qualifications at the time of application. If hired at the trainee-level, the new employee must successfully complete a Corrections / Detention Officer Certification training program paid for by the department (or have already completed an equivalent program) AND acquire a minimum of six months of related work experience before being promoted to the Detention Officer level. ***Detention Officer Trainees who pass initial probation AND are promoted to Detention Officer could receive an overall salary increase of 15% within the first year of employment.***

OPENING DATE: September 22, 2008

CLOSING DATE: October 6, 2008

In addition to completing the City of Tempe application, applicants must complete the attached supplemental questionnaire.

Detention Officer Trainee's Starting Salary: \$36,000

Detention Officer Starting Salary: \$39,600

Annual Salary Range: \$38,014 - \$51,322

- Both levels are FLSA Non-Exempt (eligible for overtime compensation and/or compensatory time)
- Employees in both levels are represented by the Service Employees International Union (SEIU).

MINIMUM QUALIFICATIONS

Education:

Both levels require the equivalent to a high school diploma.

Work Experience:

Detention Officer Trainee: Ability to successfully complete a city specified Corrections / Detention Officer Certification training program prior to completing initial probation. Experience working in a law enforcement environment or related field is desirable.

Detention Officer: Requires the equivalent to six months of full-time Adult Corrections/ Detention Officer work experience.

Candidates must have the minimum amount of work experience. Education will not substitute for the required work experience; however, related unpaid and / or volunteer work experience may be used as qualifying work experience.

Certifications, Licenses, and/or Registrations:

Both Levels: Require possession of, or the ability to obtain an appropriate Arizona driver's license.

Detention Officer: Proof of Certification as a Corrections/Detention Officer from a federal, state or county training facility is required at the time of application.

ADDITIONAL REQUIREMENTS

If requesting veteran's preference, the appropriate DD214 must be attached at the time of application. **A post-offer / pre-employment physical and drug screen are required for this position. Referred applicants will receive a polygraph exam and background investigation. Successful completion of probationary period is contingent upon passing an FBI background investigation.**

REPRESENTATIVE DUTIES

For the complete job description go to: <http://www.tempe.gov/jims/>

- Process prisoners into City jail; take mug shots of prisoners; search prisoners; take inventory of prisoner's personal property; grant phone calls; obtain fingerprints; fill out necessary booking sheets and record entries in the booking log.
- Maintain jail facilities and equipment; prepare meals and feed prisoners; transfer prisoners from one cell to another; clean jail cells as necessary.
- Restrain combative, suicidal or mentally disturbed prisoners; determine if prisoners are ill or injured and obtain medical attention as necessary.
- Ensure timely court appearances for all prisoners; escort prisoners to City Court for appearances; prepare bond receipts; collect bond money.
- Determine prisoner release criteria according to established procedures; determine bond amounts; coordinate with court clerks when bond is posted; disseminate paperwork to appropriate areas when prisoners are released or transferred.
- Operate computers to retrieve warrant and records information on prisoners; confirm warrants from other jurisdictions.
- Perform prisoner transportation duties.

SELECTION CRITERIA

An official City of Tempe application must be filled out in order to be considered for this position. **Incomplete application or supplemental forms will result in being disqualified from further consideration.** Applicants whose experience and training most closely suit the needs of the City may be selected for further testing/interviews. Falsifying information or lying during any stage of the selection/hiring process will make you ineligible for new or continued City employment. The City of Tempe conducts thorough background checks.

TLM/slb

**City of Tempe Police Department
Automatic and Discretionary Disqualifier Questionnaire**

NOTE: FAILURE TO ANSWER ALL OF THE FOLLOWING QUESTIONS IN DETAIL MAY DISQUALIFY YOUR APPLICATION

AUTOMATIC DISQUALIFIERS

The City of Tempe Police Department will automatically disqualify any individual who can answer "Yes" to any of the following questions. ***Please read and answer the following automatic disqualifiers:***

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been convicted of a felony or any offense that would be a felony if committed in Arizona? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever sold, produced, cultivated, or transported marijuana, narcotics or dangerous drugs? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you lied during any stage of the hiring process? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you falsified your questionnaire or application? |

If you answered "YES" to any of these questions please withdraw your application from consideration.

DISCRETIONARY DISQUALIFIERS

The following disqualifiers may, upon review by the Tempe Police Department, make you ineligible to become an employee of the City of Tempe Police Department. ***Please read and answer the following discretionary disqualifiers:***

- | | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever abused prescription medication and/or FDA approved over-the-counter preparations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any hallucinogenic drug including hallucinogenic mushrooms (except during religious ceremonies)? Hallucinogenic drugs also include LSD. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any type of illegal drugs or narcotics before the age of 18 years?
<i>Examples of a dangerous drug or narcotic drug would be, but is not limited to: cocaine, crack, etc.; Methamphetamine (Crystal Meth or speed of any kind); Anabolic Steroids (after 1994), except prescription only or FDA approved over-the-counter preparations.</i> |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever used any type of illegal drugs or narcotics after the age of 18 years? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you engaged in unlawful sexual misconduct? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever had excessive traffic violations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you ever been involved in the commission of a felony? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you received a discharge from the United States armed forces that was other than an honorable? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you demonstrated an unwillingness to honor fiscal contracts or just debts? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Have you engaged in any other conduct or pattern of conduct that would tend to disrupt, diminish, or otherwise jeopardize public trust in the profession? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Had your Arizona Driver's license suspended as a result of excessive traffic violations or any other act that would automatically suspend your driver's license or received a suspended driver's license from another state as a result of similar circumstances? |

If one or more of these disqualifiers pertains to you, be prepared to fully disclose the facts, circumstances, or details as part of a thorough background investigation and polygraph phase of the selection process.

I certify that I have read and understand the Automatic and Discretionary Disqualifiers associated with the City of Tempe's Police Department positions.

Applicant's signature _____

_____ Date

ILLEGAL USE OF DRUGS / CONTROLLED SUBSTANCES – Please Complete All Sections

Type of Drug	Have you ever tried?	How many times after age 18?	Date first used:	Date last used:	Have you ever sold, smuggled or transported for sale or personal gain?
Marijuana	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Hashish	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Cocaine / Crack	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Methamphetamine / Speed	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Heroin	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Opium	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Morphine	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
LSD / Acid	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Peyote	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Mescaline	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Steroids	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other illegal drugs	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No
Illegal use of prescription medications	<input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> Yes <input type="checkbox"/> No

If you answered “Yes” on any of the areas listed above, please provide a full explanation on a separate sheet of paper. Include, if applicable, the following information:

- | | |
|--|---|
| a) How the drug was ingested or consumed | b) The duration of usage |
| c) The motivation for using the drug | d) How the drug was obtained |
| e) Why you stopped using the drug | f) Any other factors you believe are relevant |

I hereby certify that this supplemental questionnaire was completed by me and all statements contained herein are true and complete to the best of my knowledge. I understand that omissions or misstatements may be cause for rejection of this application, removal of my name from the eligibility list, and/or discharge from City service. I understand that this information is subject to verification by any federal, state, and local agencies.

Applicant's Name (Print)

Applicant's Signature

Date



City of Tempe / Application for Employment

City of Tempe / Human Resources / 20 East Sixth Street / Tempe AZ 85281 / (480) 350-8276 / TDD (480) 350-8400 / http://www.tempe.gov

The City of Tempe is an Equal Opportunity / Reasonable Accommodation Employer.

The City of Tempe Promotes a Drug and Alcohol Free Workplace.

DIRECTIONS:

Read the recruitment bulletin before completing this application - request a copy if not provided. Answer all questions completely including any supplemental forms. Type or print neatly in black ink. Sign this application and all other forms. Any omission, misstatement, or falsification may be cause for rejection of this application, removal of your name from an eligibility list, or discharge from City Service.

1. Position Applying For: _____ Recruitment Code (RC#): _____

2. Name (Last, First, Middle Initial): _____

3. Social Security Number: _____

4. Mailing Address: _____
Street Address City State Zip

5. Phone Number: HOME: _____ WORK: _____

6. Driver's License (Number, State, Class): _____

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

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

If you are a current City of Tempe employee, are you: Temporary? Regular?

Have you completed your initial six (6) month probationary period? Yes No

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

10. Type of position you will accept: Full Time Part Time Regular Temporary

11. 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.*

12. 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:**

DO NOT WRITE BELOW THIS LINE - TURN PAGE AND CONTINUE

Q NQ A B C Application Entered
HR Review _____ Date Department Review _____ Date

Proof of Education and/or Professional Registration(s), License(s), and Certification(s) will be required prior to hire/promotion.

13. Do you have a High School Diploma or a G.E.D.? Yes No

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

College:	Major:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes No	

15. Trade and/or Technical Schools:

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:	Credit Hours:
			Yes No	
			Yes No	

16a. Professional Registration(s), License(s), and/or Certification(s) you possess **that relate to this position:**

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. List equipment with which you are proficient in operating **that relate to this position:**

--

19. 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

20. **May we contact your current employer if you are considered for hire/promotion?** Yes No

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.

Employer:	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:	
Employer:	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:	
Employer:	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:	

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.

Employer:	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:	
Employer:	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:	
Employer:	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:	

Employer:	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:			

21. 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 .

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.

By checking this box and typing your name below, you certify that you have read and understand the above paragraph.

Print Applicant's Name: _____ Date_____

Applicant Signature_____ Date_____

The City of Tempe does not accept faxed copies of applications.



Optional Employment Data Record

Completing ethnicity, gender, age and disability information is **OPTIONAL**; it is used for statistical reporting purposes only. It is **NOT** disclosed to the hiring department.

Position Applied for: _____ RC#: _____

Name: _____ Date: _____
Last First

Gender: Female Male

Disabled: Yes No

Ethnic Group:

Age Group:

White	16 and under
Black	17 – 20
Hispanic	21 – 29
Asian	30 – 39
American Indian	40 +
Other	

Highest grade completed: _____

How did you hear about this position: _____