

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



RECREATION COORDINATOR / SENIOR RECREATION COORDINATOR (Parks & Recreation Department – Adapted Recreation Program)

Recruitment Code #: 300205

OPENING DATE: September 2, 2008

CLOSING DATE: Open until the needs of the City are met. First review of applications will be **September 16, 2008**; this position may close at that time.

ANNUAL SALARY RANGE

Recreation Coordinator: \$49,888 - \$67,352

Senior Recreation Coordinator: \$53,717 - \$72,518

This position is FLSA-Exempt - ineligible for overtime compensation and/or compensatory time.

Employees in this position are represented by the Tempe Supervisor's Association (TSA).

MINIMUM QUALIFICATIONS

Education:

Both Positions: Requires the equivalent to a Bachelor's degree from an accredited college or university with major course work in recreation, recreation administration or a related field.

The term "equivalent" means that directly related work experience exceeding the required work experience will substitute in equal time increments for college-level education, for example: one year of additional directly related work experience will substitute for one year of college education (30 credit hours).

Work Experience:

Recreation Coordinator: Requires the equivalent to two years of experience in the implementation and coordination of recreational, social and cultural programs and activities, including some experience supervising and officiating recreation activities.

Senior Recreation Coordinator: Requires the equivalent to two years of experience in the implementation and coordination of recreational, social and cultural programs, or sports facility management and operations, and activities according to the requirements of the assigned area, including one year of supervisory 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:

- Possession of, or ability to obtain, an appropriate, valid Arizona driver's license.
- Possession of, or ability to obtain, First Aid and CPR certification.
- Possession of, or ability to obtain, Certified Therapeutic Recreation Specialist certification is desirable.

APPLICANT REQUIREMENT

This position may require a post offer, pre-employment physical examination. Successful completion of probation period is contingent upon passing an FBI background investigation. If requesting veteran's preference, the appropriate DD214 must be attached at the time of application.

REPRESENTATIVE DUTIES

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

- Develop, implement and evaluate programs for people with disabilities, such as after school programs, summer camps, social programs, Special Olympics and special events.
- Participate actively in inter-city special events committees.
- Establish and implement policies and procedures for program operation.
- Recruit, train, and evaluate volunteer, permanent and seasonal staff; recommend selection of staff. Maintain appropriate staff to participant ratios.
- Work closely with non-profit agencies, school officials, and city staff regarding program offerings and coordination of services.
- Monitor and maintain the State of Arizona Department of Developmental Disabilities contract; monitor program compliance with state laws pertaining to the contract; complete and submit monthly billing.
- Assist in the development and monitoring of the annual Department budget for the program.
- Continuously research new developments and trends in the field of adapted recreation and apply those to the program as deemed appropriate.
- Perform related duties as assigned.

SELECTION CRITERIA

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

EAB/mcp



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: _____