

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

TACTICAL AND INTELLIGENCE CRIME ANALYSIS SUPERVISOR (Police Department – Office of Budget, Management & Research) Recruitment Code #: 300182

OPENING DATE: August 4, 2008

CLOSING DATE: Open until the needs of the City are met. First review of applications will be **August 18, 2008** – this position may close at that time.

ANNUAL SALARY RANGE:
\$63,863 - \$86,204

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

Employees in this position are represented by the Tempe Supervisors Association (TSA).

MINIMUM QUALIFICATIONS

Education:

Requires the equivalent to a Bachelor's degree from an accredited college or university with major course work in criminal justice studies, social sciences, or a related field. A Master's degree is highly desirable.

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 educations (30 credit hours).

Work Experience:

Requires the equivalent to three years of full-time experience performing applied tactical and/or intelligence crime analysis in a law enforcement agency or a related field. Previous lead or supervisory experience is desirable. Must also have knowledge of, and experience with, research and design techniques, general crime analysis principles, and the investigative and analytical practices employed in the acquisition and dissemination of criminal intelligence information. Experience using crime analysis and related software applications preferred.

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.

ADDITIONAL REQUIREMENTS

- If requesting veteran's preference, the appropriate DD214 must be attached at the time of application.
- Successful completion of probationary period is contingent upon passing an FBI background investigation.
- All applicants must pass a polygraph and background check conducted by the Police Department.
- **The attached Automatic and Discretionary Disqualifier Questionnaire form must be completed, signed, and returned with your application. Incomplete application or supplemental forms will result in being disqualified from further consideration.**

REPRESENTATIVE DUTIES

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

- Oversee the tactical and intelligence crime analysis activities for the Police Department, and the Tactical and Intelligence Crime Analysis Section which include working closely with

investigators and police managers on active investigations and crime trends, including making recommendations regarding the allocation of resources, developing investigative leads, and case clearances.

- Use computer databases, electronic spreadsheets, desktop publishing, GIS/mapping software, word processing, statistical applications, and specialized tactical and intelligence software applications to manipulate, analyze, and present tactical and intelligence information. Develop and maintain new geographic data layers.
- Act as a liaison with other law enforcement agencies and government entities regarding law enforcement and public safety issues; facilitate the exchange of tactical and intelligence criminal information between agencies; participate as a member in federal, state, and local law enforcement taskforces and partnerships.
- Communicate clearly and concisely in both oral and written form, and effectively disseminating information; present and articulate analysis, complex and detailed statistical reports, charts (link analysis, event flow analysis, activity charting), graphs, and maps to managers and Department administration for decision-making purposes; present analysis and statistics in various internal and external forums.
- Interact and work effectively with police personnel, other City employees, representatives from other law enforcement agencies, the media, and the community on tactical and intelligence crime analysis/research issues; assist with criminal investigations, provide crime analysis training to police personnel.
- Direct the research, design, development, testing, and maintenance of operational and investigative databases, analytical software, hardware and peripheral equipment to enhance the quality of work products, and improve productivity of the Tactical and Intelligence Crime Analysis Section.
- Monitor the establishment, maintenance, retention, destruction, and security of tactical and intelligence databases and files to ensure confidentiality, accuracy, proper dissemination and compliance with federal, state, and local laws.
- Make determination concerning acquisition, maintenance, and release of tactical and intelligence information and maintain a comprehensive knowledge and familiarity with all internal tactical and intelligence databases and systems.
- Assist in the coordination of major case investigations by prioritizing collection of data, delegating assignments, conduct field and statistical research on potential and past crime targets; forecasting crime trends, determine criminal associations and patterns of criminal activity.
- Prepare and update protocol on tactical/intelligence crime analysis-related activities.
- Manage and review all major tactical and intelligence projects and related analysis for the Police Department; approve and prioritize requests for tactical and intelligence crime analysis services.
- Supervise and evaluate the work and performance of staff assigned to the Tactical and Intelligence Crime Analysis Section of the Department; participate in the selection of staff; provide or coordinate staff training; evaluate and monitor the work flow and performance to ensure work is complete in a thorough and appropriate manner; work with employees to correct deficiencies; implement discipline procedures.
- 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.

LBJ/mcp

**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:**

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

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| |
|--|

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).

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| | |
|---|---------------------------------|
| 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: _____