



# City of Tempe – Temporary Employment Application

Last Name:		First Name:		MI:
Street Address:			City, State, Zip	
Phone Number:		E-Mail Address:		

Position(s) applying for \_\_\_\_\_

Do you possess a valid Driver's License (may be required for certain positions)?  Yes  No

Your age group is?  15-17 years  18-20 years  21 years+

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

Have you ever worked for the City of Tempe?  Yes  No

If yes, from \_\_\_\_\_ (mm/yy) to \_\_\_\_\_ (mm/yy)

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, please indicate his/her name, position, and relationship to you:

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

Are you a veteran?  Yes  No

*NOTE: If you are claiming Civil Service Preference for Veterans under ARS 38-492, you must submit a copy of your DD214 (Member-2 or 4) at the time you are invited to a testing process.*

Dates available: From \_\_\_\_\_ To \_\_\_\_\_

**Please specify times you are available to work on the chart below.**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Have you obtained a high school diploma or a high school equivalent certification?  Yes  No

If no, please indicate your highest grade level completed \_\_\_\_\_

**Education from an accredited College/University:**

College:	Major:	Type of Degree:	Degree Completed:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Trade and/or Technical Schools:**

Trade/Technical School:	Subject Studied:	Type of Degree:	Degree Completed:
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

**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):

Special training *that relates to this position*:

---



---

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

---



---



---

**Language Proficiency (other than English):**

Language:	Speak:	Read:	Write:
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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:

---

Address:

---

Phone:

---

Job Title:

---

Employees Supervised:

---

Supervisor (Name/Title/Phone):

---

Employment Dates (mm/yy):

---

Hours Per Week:

---

Wage: \$            per

---

Work Performed:

---

---

---

---

---

Reason for Leaving:

---

Place of Employment or Volunteer Experience:

---

Address:

---

Phone:

---

Job Title:

---

Employees Supervised:

---

Supervisor (Name/Title/Phone):

---

Employment Dates (mm/yy):

---

Hours per Week:

---

Wage: \$            per

---

Work Performed:

---

---

---

---

---

Reason for Leaving:

---

Place of Employment or Volunteer Experience:

---

Address:

---

Phone:

---

Job Title:

---

Employees Supervised:

---

Supervisor (Name/Title/Phone):

---

Employment Dates (mm/yy):

---

Hours Per Week:

---

Wage: \$            per

---

Work Performed:

---

---

---

---

---

Reason for Leaving:

Place of Employment or Volunteer Experience:		
Address:	Phone:	
Job Title:	Employees Supervised:	
Supervisor (Name/Title/Phone):		
Employment Dates (mm/yy):		
Hours Per Week:	Wage: \$	per
Work Performed:		
Reason for Leaving:		

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

Yes  No *If Yes, please explain:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

<b>PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.</b>		
<p>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.</p>		
Print Applicant's Name	Applicant Signature	Date

<b><u>FOR ADMINISTRATIVE USE ONLY</u></b>	
Job Code: _____	Cost Center: _____
Title: _____	Hourly Wage: _____
Supervisor: _____	Weekly Hours: _____