

CITY OF TEMPE

Part-Time Employment Opportunity



Community Services Department • Arts & Culture Division • 700 W. Rio Salado Parkway • 480-350-2829
www.tempecenterforthearts.com

Parking Attendant (City of Tempe – Arts and Culture Division)

Closing Date: Open until positions are filled.

Hourly Wage: \$13.50 per hour

Work Schedule: Flexible scheduling Monday-Sunday between 7:30am-midnight;
up to 19.5 hours/week

This is a non-benefited position.

Tempe Center for the Arts seeks part-time Parking Attendants to direct TCA traffic to alternate parking areas and transport patrons to/from the TCA entrance. Tasks include greeting patrons, accurately directing patrons to alternate parking areas, and safely transporting patrons in golf carts.

Experience:

Demonstrates friendly and enthusiastic customer service skills and driving experience.

Essential Job Functions:

- Create friendly and welcoming experiences for visitors at Tempe Center for the arts;
- Direct motorists to alternate parking areas using maps and verbal instructions;
- Operate a golf cart to transport patrons between parking areas and TCA entrance;
- Lift, position, and move barricades in order to open or close parking areas;
- Must be able to: communicate clearly and effectively; work in a standing position for long periods of time; operate a golf cart; work in the outdoors in any type of weather;
- Perform other related duties as assigned by the supervisor-on-duty.

Applicant Requirement: Requires successful completion of selection process, completion of background investigation and verification of identity/work authorization. Requires possession of a valid driver license.

Email Resume and Application to: tcajobs@tempe.gov
For questions, please contact: Susan Bennett, 480.350.2829

An equal opportunity/reasonable accommodation employer



Temporary Employment Application

Community Services | Arts & Culture Division | www.tempe.gov/ARTS

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:*

PLEASE READ THIS STATEMENT AND CAREFULLY REVIEW YOUR ENTIRE APPLICATION MATERIAL BEFORE SIGNING BELOW.		
<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

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