



City of Tempe / Application for Employment

TCA Stage Hand

City of Tempe / Tempe Center for the Arts / 700 W Rio Salado Parkway / Tempe AZ 85281 / (480) 350-2877 / <http://www.tempe.gov/tca>

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

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

DIRECTIONS:

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: Stage Hand Recruitment Code (RC#): NA
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:
			<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	

15. Trade and/or Technical Schools:

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

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 last 5 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
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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 BEFORE SIGNING BELOW.
 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.

Print Applicant's Name: _____

 Applicant Signature

 Date

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