

# Application For Temporary Employment

PRINT CLEARLY AND NEATLY IN INK OR USE TYPEWRITER.  
ANSWER ALL QUESTIONS COMPLETELY. SIGN THE APPLICATION

**TITLE OF POSITION:** Facility Monitor

1. **Name:** \_\_\_\_\_ 2. **Social Security #:** \_\_\_\_\_  
Last First Middle In.

3. **Address:** \_\_\_\_\_  
Street - Apt. # City State Zip Code

4. **Phone - Home:** \_\_\_\_\_ **Office:** \_\_\_\_\_ **Message:** \_\_\_\_\_

5. **Driver's License # & State:** \_\_\_\_\_ **Class:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

6. Are you at least 16 years old? **Yes** \_\_\_ **No** \_\_\_ 7. Are you a U.S. citizen or a legally registered alien? **Yes** \_\_\_ **No** \_\_\_

Are you related to any member of the City Council or any City Board or Commission member or any City employee?

**Yes** \_\_\_ **No** \_\_\_ If YES, indicate WHO, RELATIONSHIP and POSITION: \_\_\_\_\_

9. Have you ever worked for the City of Tempe? **Yes** \_\_\_ **No** \_\_\_ If yes, WHEN: \_\_\_\_\_ Month/Year

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, driving under the influence, excessive speeding and similar charges are **not** considered minor traffic offenses; furthermore, an excessive number of traffic violations (including minor/civil offenses) should be reported.

**Yes** \_\_\_ **No** \_\_\_ If YES, City, State, date(s) and disposition: \_\_\_\_\_

**(IMPORTANT: Conviction will not automatically bar you from employment, however, failure to report any relevant convictions on this application will result in termination from current employment and ineligibility for future employment with the City. You may request a copy of the City's TRUTH IN APPLICATION POLICY if necessary.)**

11. Dates available: From: \_\_\_\_\_ To: \_\_\_\_\_.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
List specific hours you are available to work i.e.							

12. **EDUCATION:** Circle highest grade completed: **HIGH SCHOOL** 9 10 11 12 **COLLEGE** 1 2 3 4 5 6

13. **HIGH SCHOOL AND INSTITUTIONS OF HIGHER LEARNING ATTENDED:**

Name Dates Attended Major Degree or Diploma Obtained

\_\_\_\_\_  
\_\_\_\_\_

14. CERTIFICATION OR REGISTRATION: (CPR, First Aid, etc.)

Current type of certifications: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
\_\_\_\_\_

**JOB EXPERIENCE:** Show job history for the past five years, beginning with your present or most recent position. Make additional copies of this page if necessary. Fill in **all** spaces. Be **accurate** and **complete**. You may attach a Resume, but your qualifications may be evaluated **only** on information provided on this form and any required application supplement.

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15. **Place of Employment/Volunteer Experience:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Street City State Zip Code

Supervisor Name/Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Total Time There

Hours Per Week \_\_\_\_\_ Starting Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Present/Ending Wage \$ \_\_\_\_\_ per \_\_\_\_\_  
Month/Year Month/Year Year(s) Month(s)

Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer if you are considered for the position: Yes \_\_\_ No

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16. **Place of Employment/Volunteer Experience:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_  
Street City State Zip Code

Supervisor Name/Title: \_\_\_\_\_

Employment Dates: From \_\_\_\_\_ To \_\_\_\_\_ Total Time There

Hours Per Week \_\_\_\_\_ Starting Wage \$ \_\_\_\_\_ per \_\_\_\_\_ Present/Ending Wage \$ \_\_\_\_\_ per \_\_\_\_\_  
Month/Year Month/Year Year(s) Month(s)

Description of Work Performed: \_\_\_\_\_  
\_\_\_\_\_

May we contact this employer if you are considered for the position: Yes \_\_\_ No

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In order to verify your previous work experience and/or education, please list other names you have used.

\_\_\_\_\_

19. I certify that all statements made on all application materials are true and complete. 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. I agree and understand that any deliberate misstatement or omission of material facts will cause forfeiture on my part of all eligibility to any employment with the City of Tempe. My signature below acknowledges my understanding and agreement with the above.

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**Signature**

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**Date**

Return original, completed application packet to:

Facility Monitor Recruitment  
City of Tempe Cultural Services Division  
Edna Vihel Center for the Arts  
3340 S. Rural Road  
Tempe, AZ 85255  
**(copies will not be accepted)**