

# CITY OF TEMPE

## Temporary Employment Opportunity



Community Health & Human | City of Tempe | [www.tempe.gov/jobs](http://www.tempe.gov/jobs)

### Homeless Outreach Specialist

**Opening Date:** January 07, 2026  
**Closing Date:** March 07, 2026  
**Hourly Wage:** Starting at \$25.00 per hour  
**Work Schedule:** Days, 4/10 02:00 PM to 12:00 AM

**This is a Temporary, Non-Benefitted position**

#### Experience & Training:

- One (1) year of experience conducting street outreach, case management, navigation, behavioral health support and/or substance abuse treatment working with individuals/families experiencing homelessness and/or other vulnerable populations.
- Bilingual (Spanish/English) skills are desirable.
- Strong written and verbal communication skills.
- Computer skills; Experience with SharePoint Online, Microsoft Teams, OneDrive, and the Microsoft Office 365 suite of applications.

#### Essential Job Functions:

- To engage and assist homeless and near homeless individuals, families and youth in services to end their homelessness.
- Provide mobile outreach and engagement to unsheltered people within Tempe. Connect and refer both homeless and those who are about to become homeless to information, services, provider agencies and organizations that will assist them.
- Respond to requests for service from the public (e.g. Tempe residents, businesses, churches and social service agencies).
- Provide housing barrier assessments data collection, used to facilitate housing placement through the Maricopa County Regional Coordinated Entry System.
- Perform shelter operation duties as assigned.
- Provide direct navigation service as needed, including but not limited to: survival aid, transportation, securing benefits, mediation with families and property manager, paperwork, assisting with housing search, connection to mental health services, and continuing time limited supports once the person or family is sheltered or housed permanently.

- Maintain accurate records including clients served, entered into the Human Management Information System (HMIS).
- Assist the development and implementation of the annual Housing and Urban Development (HUD) Point in Time Homeless Street Count.
- Assist with special events such as Project Connect.
- Maintain assigned vehicles/trailers (check fluids, tires, wash van regularly, clean inside of van daily.) Maintain supplies (snacks, water, etc.) and resources (brochures, paperwork, etc.) in vehicles. Maintain stock supplies in the office.
- Provide services and respond to requests from the Housing Department, such as requests for housing-based follow-up services.
- Attend workgroup meetings, trainings, and participating in continuous quality improvement of the program.
- Use moderate physical exertion in lifting and moving equipment, supplies, and animals, including the ability to lift up to 40 lbs and work outdoors in heat or inclement weather.
- Perform related duties as assigned.

## **Applicant Requirements:**

Applicants considered for this job classification must pass the following:

- Criminal history background investigation
- Pre-employment or pre-placement alcohol, drug and/or controlled substance testing. Employees in this safety-sensitive job classification are prohibited from all marijuana usage whether medical or recreational.
- Requires successful completion of selection process, completion of background investigation and verification of identity/work authorization.

## **How to Apply:**

Please submit application, resume and responses to the supplemental questions listed below to: **Kim Jackson** by email at **kim\_jackson@tempe.gov**. Please type “**Homeless Outreach Specialist**” in the email subject line.

Questions regarding this position should also be sent by email to **Kim Jackson**.

Or

**SUBMIT APPLICATION TO:**  
**kim\_jackson@tempe.gov**  
 Kim Jackson, HOPE Coordinator  
 City of Tempe Human Services Department

**For questions, please contact:**  
 Kim Jackson, HOPE Coordinator  
 (480) 828-5854 and/or **kim\_jackson@tempe.gov**

## **Supplemental questions:**

*1) Describe your experience providing outreach or shelter services in the field for individuals/families experiencing homelessness. Please include the position(s) you held (Title), if the position was full-time or part-time, and how long you were in that position.*

2) *List the service agencies and types of services that you have connected individuals/families experiencing homelessness.*

3) *What do you see is the biggest challenge for outreach specialists when attempting to provide services to individuals/families?*

### **Equal Employment Opportunity:**

*The City of Tempe is an Equal Opportunity / Reasonable Accommodation employer. The City does not discriminate on the basis of race, color, gender identity, sexual orientation, religion, national origin, familial status, age, disability, and United States military veteran status. Pursuant to the Americans with Disabilities Act, the City will make a reasonable accommodation(s) during the recruitment & selection process. Persons with a disability may request a reasonable accommodation by contacting Human Resources at 480-350-8276. Requests should be made as early as possible to allow time to arrange the accommodation*



# 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*:

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

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**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>	
<b>Job Code:</b> _____	<b>Cost Center:</b> _____
<b>Title:</b> _____	<b>Hourly Wage:</b> _____
<b>Supervisor:</b> _____	<b>Weekly Hours:</b> _____