



Financial Services Department | 20 E. 6th Street, Tempe, AZ 85281 | 480-350-8576 | [www.tempe.gov/jobs](http://www.tempe.gov/jobs)

### Administrative Analyst – Financial Services

**Opening Date:** 1/14/2026

**Closing Date:** 03/15/2026

**Hourly Wage:** \$35.00 per hour

**Work Schedule:** 40-hour work week

This is a Temporary Benefit-eligible position (medical only)

This position will contribute to the [Arizona State Retirement System \(ASRS\)](#)

### Experience & Training:

- Two (2) years of experience in administrative support, office operations, analytical, or related professional experience.
- Bachelor's degree in Business Administration, Public Administration, or a related field. (Equivalent combinations of directly related education and experience may be considered.)
- Experience supporting administrative, financial, or operational functions.
- Experience administering departmental programs and services such as travel coordination, purchasing cards, cell phone accounts, subscriptions, or similar operational programs.
- Experience using emerging technologies and tools, including AI-assisted tools, to improve administrative efficiency, data analysis, document preparation, or workflow processes.
- Experience conducting research, analyzing data, and preparing reports and recommendations.
- Proficiency with business computer applications and office productivity software, spreadsheets, email, and database systems.
- Strong written and verbal communication skills, including basic business writing and report preparation.

### Essential Job Functions:

- Perform a variety of administrative and analytical functions in support of financial services departmental operations.
- Prepare and assist with department budgets, including revenue, expenses and supplemental budget forms; monitor expenditures and review financial documents.
- Analyze and administer programs, projects, and processes; track data and prepare reports with findings and recommendations.
- Develop, implement, review, and update department-wide procedures, guidelines, and processes.
- Enter, review, and submit the timekeeper data to payroll
- Conduct research to ensure compliance with applicable federal, state, and local laws, regulations, and policies.
- Prepare agenda items and supporting documentations for City Council or other meetings.
- Serve as a liaison with internal staff and external partners, including coordinating building maintenance and service

requests when assigned.

- Maintain confidentiality of sensitive information and records.
- Perform related duties of a similar nature and level as assigned.

## **Applicant Requirements:**

Requires successful completion of selection process, completion of background investigation and verification of identity/work authorization.

## **How to Apply:**

Interested applicants should send a cover letter, resume, and application to Alex Chin by email at Alex\_Chin@tempe.gov. Please type "Administrative Analyst" in the email subject line.

If submitting a hard copy, deliver to:

City of Tempe, Financial Services, 20 E. 6th Street, Tempe, AZ 85281

**For questions, please contact:**  
Alex Chin  
**480-350-8576 or alex\_chin@tempe.gov**

## **Equal Employment Opportunity:**

The City of Tempe is an Equal Opportunity / Reasonable Accommodation employer. The city does not discriminate based on 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 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:

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

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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.**

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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:

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Reason for Leaving:

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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:

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Reason for Leaving:

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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:

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Reason for Leaving:

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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.**

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

**FOR ADMINISTRATIVE USE ONLY**

Job Code: \_\_\_\_\_

Cost Center: \_\_\_\_\_

Title: \_\_\_\_\_

Hourly Wage: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Weekly Hours: \_\_\_\_\_