



Community Services – Parks and Recreation | 715 W 5th Street, Tempe, AZ, 85281 | 480.858.2420 | [www.tempe.gov/jobs](http://www.tempe.gov/jobs)

### **Administrative Clerk- Dennis J. Cahill Senior Center**

**Opening Date:** February 13, 2026

**Closing Date:** April 19, 2026

**Hourly Wage:** \$16.85 per hour

**Work Schedule:** Monday, Thursday and Friday; hours will range between 08:15 AM – 02:45 PM.  
Scheduled hours will be approximately 19 hours per week; 3 days a week.

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

#### **Experience & Training:**

- Requires experience in customer service, general clerical office skills and the equivalent to the completion of the 12<sup>th</sup> grade.
- Experience working with the senior adult population is preferred. Proficient in Microsoft Office Software, including Word, Excel and Publisher.

#### **Essential Job Functions:**

- Greet all customers and provide exceptional customer service for older adult clients.
- Answer the telephone; handle customer inquiries by providing information regarding the City of Tempe and its facilities and programs.
- Establish and maintain cooperative working relationships with the public and staff.
- Operate a computer to read e-mail correspondence, register customers for programs, update attendance reports, etc.
- Operate a point-of-sale (cash register) system, accept payment of fees for senior programs, maintain change fund and process bank deposits.
- Maintain attendance reports; prepare statistical reports as requested.
- Monitor the Cahill Senior Center computer lab, offer basic computer assistance.
- Receive, sort and distribute incoming and outgoing mail.
- Assist with weekly bingo game set up and prizes.
- Assist with monthly Senior Center special events (set tables, decorate, food preparation).
- Use moderate physical exertion in lifting and moving equipment, supplies and room furniture.
- Ability to open and close/secure Senior Center independently
- Perform other job duties 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 Britney Griggs by email at Britney\_griggs@tempe.gov. Please type "Administrative Clerk" in the email subject line.

If submitting a hard copy, deliver to:

City of Tempe, Dennis J. Cahill Senior Center, 715 W. 5th Street, Tempe, Arizona 85281

**For questions, please contact:  
Britney Griggs / Recreation Specialist  
(480) 858-2166 and/or [Britney\\_griggs@tempe.gov](mailto:Britney_griggs@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:

---

---

---

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.**

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: \_\_\_\_\_