

CITY OF TEMPE

Temporary Employment Opportunity



Public Works Department · Transportation Division · 200 E. Fifth Street Tempe, AZ 85281 · 480-350-4311

Transportation Planning Intern

Public Works Department – Transportation Division

Opening Date: January 8, 2019

Closing Date: Open until filled / First Review: February 4, 2019

Hourly Wage: \$12 / hour

Work Schedule: Approximately 19.5 hours per week.
Hours are flexible, Monday through Friday between 8:00 a.m. and 5:00 p.m.

This is a Temporary Non-Benefitted position, not to exceed two semesters

Experience & Training: Must be a current student or recent graduate (within the past year) in a degree program related to urban planning, transit/transportation planning, public administration, statistics or similar. Experience using Microsoft Office and ArcGIS programs required.

Licenses/Certifications: Possession of, or ability to obtain, a valid driver's license.

Essential Job Functions:

- Start-up work for '20-minute city' strategic initiative program, including researching sidewalk, bicycle and roadway miles and compiling GIS data.
- Assist staff in conducting transportation planning and policy studies.
- Assist staff in developing Geographic Information System databases.
- Assist staff with the planning and implementation of capital improvements projects.
- Research, verify, update for review; collect, record and summarize statistical and demographic information.
- Assist in the preparation or coordination of transportation demand forecasting models for small focused areas, citywide and regional Maricopa Association of Governments model.
- Perform related duties as assigned.

Applicant Requirement: Requires successful completion of selection process, completion of background investigation and verification of identity/work authorization. Verification of enrollment in a college, university or technical program or date of recent graduation is required upon hire.

Supplemental Questions:

1. Describe your experience or training using ARC GIS. Please include your role and length of time in that role.
2. Describe your experience doing data analysis including your role and length of time in that role.
3. Describe your experience preparing reports including types of reports, your role and length of time in that role

SUBMIT APPLICATION AND ANSWERS TO SUPPLEMENTAL QUESTIONS TO:

Via email: robert_yabes@tempe.gov

Via hand delivery: City of Tempe
Attn: Robert Yabes
200 E. Fifth Street, 2nd floor
Tempe, Arizona 85281

Via mail: City of Tempe / Transportation Division
Attn: Robert Yabes
P.O. Box 5002
Tempe, Arizona 85280

For questions, please contact: Robert Yabes, Principal Planner
robert_yabes@tempe.gov
480-350-3734

An equal opportunity/reasonable accommodation employer.



City of Tempe – 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 _____

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Job Code: _____ Cost Center: _____

Title: _____ Hourly Wage: _____

Supervisor: _____ Weekly Hours: _____