

LEAP After School Aide (Special Needs) (City of Tempe / Community Services / Adaptive Recreation)

- Opening Date:** March 26, 2024
- Closing Date:** Open until the needs of the City are met.
- Hourly Wage:** \$16.70 per hour
- Work Schedule:** **Program Begins August 2024. Looking for availability of 1–5 days/week (3 – 15 hours) to fill the below shifts. Available shifts depend on current need.**
Full Shift: 2:00 – 6:30 p.m.
Mon/Tues/Wed/Thurs/Fri: 2:00 p.m. – 5:00 p.m. or 3:00 p.m. – 6:30 p.m.

This is a Temporary Non-Benefitted position.

LEAP is a City of Tempe after-school program for middle and high school students with intellectual and developmental disabilities who attend school in the Tempe Elementary School District and Tempe Union High School District. The focus of the program is life skill development and enrichment through various recreational programs and activities, including arts & crafts, physical activities and many other activities. LEAP promotes socialization and skill development, critical to students as they advance through school. Strong written and verbal communication skills.

Experience & Training:

- 2 years' experience with people with Intellectual and Developmental Disabilities
- Some college course work pertaining to people with disabilities, child development and/or recreation

Licenses/Certifications:

- Valid CPR/AED and First Aid certifications or ability to be certified within 30 days.
- Article 9 certification or ability to attend four-hour training to obtain certification within 30 days.
- Fingerprint Clearance Card from State of Arizona or ability to obtain within 30 days.
- Possession of, or ability to obtain, an appropriate and valid driver's license.

Essential Job Functions:

- Work with staff to plan and implement recreational activities and other duties, as needed.
- Safely create and conduct activities to enhance social and physical skills for youth and young adults with intellectual and developmental disabilities.
- Engage and interact with participants in a positive and professional manner.
- Enforce effective participant rules and discipline procedures; address and redirect behavior issues, as needed.

- Address and tend to personal care needs of students where toileting, diapering and lifting may be required.
- Work as a team with other staff to ensure a positive and successful experience for participants.
- Interact and communicate with other staff, parents and other individuals in a positive and professional manner.
- Maintain facility, report problems, clean up and ensure overall safety.
- Supervise the use, care and maintenance of all supplies and equipment.
- Inform LEAP Supervisor of any problems and help resolve them.

Applicant Requirement:

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 **Samantha Mason** by email at **samantha_mason@tempe.gov**. Please type “**LEAP Aide**” in the email subject line.

Questions regarding this position should also be sent by email to **samantha_mason@tempe.gov**.

Or

**SUBMIT APPLICATION TO:
City of Tempe
Adaptive Recreation – Samantha Mason
715 W. 5th Street
Tempe, Arizona 85281**

**For questions, please contact:
Samantha Mason / Senior Recreation Coordinator
480.858.2469 / samantha_mason@tempe.gov**

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*:

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.		
<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

<u>FOR ADMINISTRATIVE USE ONLY</u>	
Job Code: _____	Cost Center: _____
Title: _____	Hourly Wage: _____
Supervisor: _____	Weekly Hours: _____