

# CITY OF TEMPE

## Temporary Employment Opportunity



Prosecutor's Office | 140 E Fifth Street, Suite 303, Tempe, Arizona 85281 | 480-350-8280 | [www.tempe.gov/jobs](http://www.tempe.gov/jobs)

### **Weekend/Holiday In-Custody Court Coverage Assistant City Prosecutor**

**Opening Date:** January 09, 2025  
**Closing Date:** March 14, 2025  
**Hourly Wage:** \$60.00 - \$70.00 per hour  
**Work Schedule:** Saturday, Sunday, 7:00 a.m. – 12:00 p.m., Conference Coverage (3 days in July), 13 holidays:

- New Year's Day
- Juneteenth
- Thanksgiving Day
- Martin Luther King's Birthday
- Presidents' Day
- Independence Day
- Labor Day
- Friday following Thanksgiving Day
- Christmas Day
- Cesar Chavez Recognition Day
- Indigenous Peoples' Day
- Memorial Day
- Veterans Day

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

### **Experience & Training:**

- At least three (3) years Criminal Prosecutor experience strongly preferred.
- Years of experience are based upon a full-time work schedule (2,080 hours per year). The sum of an applicant's full-time and/or part-time qualifying work experience must meet or exceed the stated minimum qualification. Education will not substitute for the required work experience; however, related unpaid and/or volunteer work experience may be used as qualifying work experience.
- Requires a Juris Doctorate from an accredited law school.
- Membership in good standing with the State Bar of Arizona.
- This position is FLSA Exempt which means employees are not eligible for overtime compensation and/or compensatory time.
- Employees in this position are considered confidential.

### **Essential Job Functions:**

- Conduct in-custody arraignments for defendants
- Assert and preserve Victims' Rights
- Conference with Defense Attorneys
- Prepare case files for offers, convey offers to defendants and draft plea agreements
- Review police reports and criminal history
- Ability to work independently
- Comply with Model Rules of Professional Conduct

### **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 Esteban Gomez by email at Esteban\_gomez@tempe.gov Please type "Weekend-In Custody Prosecutor" in the email subject line.

If submitting a hard copy, deliver to:

City of Tempe, Tempe Prosecutor's Office, 140 E Fifth Street, Suite 303, Tempe, Arizona 85281

**For questions, please contact:  
Esteban Gomez / City Prosecutor  
480-350-8280 or [Esteban\\_gomez@tempe.gov](mailto:Esteban_gomez@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:

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Address:

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Phone:

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Job Title:

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Employees Supervised:

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Supervisor (Name/Title/Phone):

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Employment Dates (mm/yy):

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Hours Per Week:

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Wage: \$            per

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Work Performed:

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Reason for Leaving:

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Place of Employment or Volunteer Experience:

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Address:

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Phone:

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Job Title:

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Employees Supervised:

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Supervisor (Name/Title/Phone):

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Employment Dates (mm/yy):

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Hours per Week:

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Wage: \$            per

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Work Performed:

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Reason for Leaving:

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Place of Employment or Volunteer Experience:

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Address:

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Phone:

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Job Title:

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Employees Supervised:

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Supervisor (Name/Title/Phone):

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Employment Dates (mm/yy):

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Hours Per Week:

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Wage: \$            per

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Work Performed:

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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>	
Job Code: _____	Cost Center: _____
Title: _____	Hourly Wage: _____
Supervisor: _____	Weekly Hours: _____