

CITY OF TEMPE

Temporary Employment Opportunity



Community Health & Human Services - 3500 S Rural Rd, Suite 202, Tempe, AZ 85282 - www.tempe.gov/jobs

Age-Friendly Tempe Specialist

Opening Date: January 14, 2025
Closing Date: March 16, 2025
Hourly Wage: \$29.33 per hour
Work Schedule: Mon. 8:00 AM-3:30 PM, Tues. 8:00 AM -3:30 PM, Wed. 8:00 AM-3:30 PM
This is a Temporary Non-Benefitted position.

Experience & Training:

- Experience working with older adults (age 50+)
- Knowledge of or experience working with individuals living with dementia
- Possess outstanding facilitation skills, soft skills, and customer-friendly skills
- Utilize Microsoft Office Products proficiently
- Ability to use web conferencing platforms
- Adapt to learning rising computer software programs, systems, and devices
- Maximize workflow efficiency, excellent time management and organization skills
- Excellent communication skills
- Knowledge of Maricopa County programs and resources

Essential Job Functions:

- Facilitate Memory Café Support Groups as needed
- Raise awareness of and support for people with dementia and their caregivers
- Conduct community outreach to promote awareness of Dementia Friendly and Age-Friendly programs
- Assist with both Memory Café scheduling and programming
- Assist with identifying presenters for monthly dementia-friendly presentations
- Respond timely to emails and phone calls
- Assist with training volunteers, coordinate weekly volunteer scheduling, tracking & compiling year-end volunteer hours
- Create program signage, print shop orders, and order supplies
- Update memory cafe resources for caregivers
- Conduct weekly inventory of Memory Café supplies, order items as needed, and keep track of purchases
- Assist with Dementia and Age-Friendly Tempe programs and action plan implementation
- Track program data utilizing spreadsheets and/or other tools
- Take minutes during meetings
- Complete other duties as assigned

Applicant Requirements:

- Bachelor's degree in social work, gerontology, counseling, psychology, or related field preferred
- Valid Arizona driver's license by the time of hire
- Ability to obtain Certified Dementia Practitioner and Certified Dementia Support Group Facilitator credentials
- Requires successful completion of the 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 Sima Gharagozly at Sima_gharagozly@tempe.gov. Please type "**Age-Friendly Tempe Specialist**" in the email's subject line.

If submitting a hard copy, deliver to:

City of Tempe, Community Health & Human Services,
3500 S Rural Rd, Suite 202, Arizona 85282
Attn: Sima Gharagozly

For questions, please contact:

Sima Gharagozly, Sr Community Health & Human Services Coordinator
480-594-7442
Sima_Gharagozly@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, or United States military veteran status. Under the Americans with Disabilities Act, the city will make reasonable accommodations (s) during the recruitment & selection process. Persons with disabilities 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.		
<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: _____