



Experience Team: Level I - Ambassador

Closing Date: Open until filled
Hourly Wage: \$15.15 per hour
Work Schedule: Max 19.5 hours per week; some evenings, weekends, and holidays based on events

This is a Temporary Non-Benefitted position

The TCA Experience Team works as a cohesive unit to build audience loyalty through phenomenal customer service and foster meaningful arts experiences for all who enter Tempe Center for the Arts. The TCA Experience Team Ambassador is an entry-level position working in Audience Services, Lounge, and Gallery areas. Experience Team staff are expected to prioritize Diversity, Equity, and Inclusion in all facets of the role and commit to leading a positive work environment for all employees.

Experience & Training:

No prior work or volunteer experience is required. Experience in any of the following areas is desirable but not required: event attendant, theater, hotel, restaurant, or other closely related customer service field. Training or coursework in customer service or other related fields is helpful.

Essential Job Functions:

- Use kindness, attentiveness, and clear communication with patrons and visitors to inspire positive first impressions and welcoming and inclusive experiences at the TCA and division-wide events.
- Be attentive to surroundings to ensure the safety of all individuals within the facility. Implement safety procedures as stated in guidelines including basic first aid, accessibility guidelines, evacuation, 911 protocol, ADA standards, etc.
- Provide information about the facility and events; resolve basic challenges and complaints of patrons or visitors; inform the manager on duty of advanced challenges.
- Regularly attend Experience Team staff meetings and participate in ongoing trainings.
- Assist in the set up of events/shows based on diagrams and notes.
- Assist in the tear-down of an event (may include simultaneous events).
- Periodically support the Arts and Culture division during offsite events.
- Must be able to: reach, bend, stoop, and lift up to 30 pounds; communicate clearly and effectively; work in a standing or sitting position for up to seven hours; work in a fast-paced environment; follow directions and ask questions for clarification when needed; demonstrate effective organizational skills and initiative.
- Perform other duties as assigned.

Applicant Requirements: Requires successful completion of selection process, completion of background investigation and verification of identity/work authorization.

How to Apply:

Email application to jobs@tempecenterforthearts.com. In the subject line enter "(Your last name) Experience Team app."

For questions, please contact: Ty Joyce at tyler_joyce@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

Community Services | Arts & Culture Division | www.tempe.gov/ARTS

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 their 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:

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:

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:

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: _____

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: _____