

# CITY OF TEMPE

## Part-Time Employment Opportunity



Community Services Department Arts & Culture Division 700 W. Rio Salado Parkway 480-350-2866  
www.tempecenterforthearts.com

### Food & Beverage Lead (City of Tempe – Arts and Culture Division)

**Closing Date:** Open until position is filled  
**Hourly Wage:** \$15.00-\$18.00 per hour  
**Work Schedule:** Maximum 19.5 hours per week; weekend/evening availability is required

#### **This is a non-benefitted position.**

This position will oversee concession and beverage service (public and private) for Tempe Center for the Arts. This includes customer service, food service, kitchen supervision, and cash handling.

#### **Education and/or Experience**

Requires familiarity with food industry best practices, prior food prep/production experience is preferred. High school diploma/GED required. Maricopa County Food Handlers Certification required.

#### **Essential Job Functions:**

- Maintains a guest focus while performing duties. Maintains contact with kitchen staff, management, and serving staff to ensure customer satisfaction and address customer concerns.
- Is responsible for quality of products served while on duty. Stocks and maintains sufficient levels of food products at line stations to ensure smooth service. Prepares a variety of food items. Portions food products according to standard portion sizes and recipe specifications prior to cooking. Follows designated plate presentation for all dishes.
- Leads and oversees staff members engaged in daily operations. Completes opening checklists and prepares cash at start of each shift. Follows daily prep list for assigned duties. Maintains labor percentages and product usage throughout shift to maximize profitability. Reconciles point-of-sale cash and credit at close of shift.
- Properly handles, stores, labels, and rotates all products in accordance with applicable laws. Oversees inventory control and ordering. Conducts quality control and monitors fresh product delivery. Promptly reports equipment and food quality or shortage problems to F&B Coordinator.
- Maintains clean and sanitary work areas. Supervises the preventative maintenance and upkeep of equipment and facility.
- Attends all scheduled employee meetings and brings suggestions for improvement.
- Must be able to: communicate clearly and effectively; coordinate with other facility staff to ensure successful events; reach, bend, stoop and occasionally lift 50 pounds; work in a standing 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.
- Performs other related duties as assigned by the F&B Coordinator or manager-on-duty.

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

**Email Resume and Application to: [brent\\_shinyeda@tempe.gov](mailto:brent_shinyeda@tempe.gov)**

**For questions, please contact: Brent Shinyeda at 480-350-2866**

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*:

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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.**

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:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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