



## Employment Application

### Equal Employment Opportunity Policy

Standing Together to End Sexual Assault (STESA) is an equal employment opportunity (EEO) by prohibiting discrimination or harassment in employment because of race, color, religion, religious creed (including religious dress and grooming practices), national origin, ancestry, citizenship, physical or mental disability, medical condition (including cancer and genetic characteristics, HIV and AIDS), genetic information, marital status, sex (including pregnancy, childbirth, breastfeeding, or related medical conditions), gender, gender identity, gender expression, age, sexual orientation, veteran and/or military status, protected medical leaves (requesting or approved for leave under the Family and Medical Leave Act or the California Family Rights Act), domestic violence victim status, victim of sexual assault, internship status, political affiliation, and any other status protected by state or federal law.

### Applicant Information

Date of Application:

First name:

Middle Name: Last Name:

Street Address:

City:

State: Zip Code:

Previous Address (If less than 10 years at current address)

Street Address:

City:

State: Zip Code:

Home Telephone Number:

Mobile:

### Availability

Position Applied: Full-Time  Part-Time

Date Available to Begin Work: Desired Salary:

Are you willing to relocate? Yes  No  Are you willing to travel? Yes  No

Are you willing to work varied hours? Yes  No

### Work Eligibility

Are you legally authorized to work in the United States? Yes  No

Are you at least 18 years of age? Yes  No

If hired, STESA will require proof of eligibility to work in the United States, as required by law.



**Past Experience with STESA**

Have you previously applied with the organization? Yes  No

If yes, specify the date(s):

Have you been previously employed by STESA? Yes  No

If employed by STESA in the past, specify the date(s) and position(s) held:

**Ability to Perform Job Duties**

Are you able to perform the essential functions of the position or positions for which you are applying with or without a reasonable accommodation? Yes  No

If you would like a list of job functions for the position(s) for which you have applied, please speak to the Associate Director

**Education**

| Name of Institution | Number of Years Attended | Degree Earned, if any | Major |
|---------------------|--------------------------|-----------------------|-------|
|                     |                          |                       |       |
|                     |                          |                       |       |
|                     |                          |                       |       |
|                     |                          |                       |       |
|                     |                          |                       |       |

**Employment History**

Start with your current or most recent employer. If you need additional space, please continue on a separate form.

1. Employer:

Address:

City:

State:

Zip Code:

Phone Number:

Job Title:

Supervisor:

Duties Performed:

Duration of Employment (include dates):

If this is your current employer, may we contact this employer? Yes  No

2. Employer:

Address:

City: State: Zip Code:

Phone Number:

Job Title: Supervisor:

Duties Performed:

Duration of Employment (include dates):

If this is your current employer, may we contact this employer? Yes  No

3. Employer:

Address:

City: State: Zip Code:

Phone Number:

Job Title: Supervisor:

Duties Performed:

Duration of Employment (include dates):

If this is your current employer, may we contact this employer? Yes  No

4. Employer:

Address:

City: State: Zip Code:

Phone Number:

Job Title: Supervisor:

Duties Performed:

Duration of Employment (include dates):

If this is your current employer, may we contact this employer? Yes  No

Have you ever been terminated from a job due to misconduct or other wrongdoing? Yes  No



If yes, please explain:

### **United States Military Experience**

Please describe any job-related military training or experience in the United States Armed Forces:

### **Prior Name(s)**

Is there information relative to your name, such as a name change or nickname used, that STESA should know to conduct check on your employment history? Yes  No

If yes, please indicate any other name(s) used:

### **References**

Please list three references who are familiar with your work:

Name:

Phone Number: Professional Relationship:

Name:

Phone Number: Professional Relationship:

Name:

Phone Number: Professional Relationship:

### **Applicant Statement**

PLEASE READ CAREFULLY BEFORE SIGNING THIS STATEMENT

I authorize STESA to investigate all statements in this application and to secure any appropriate information from all of my employers and references, except as I have otherwise indicated in this application. I hereby release all of those employers and references, and STESA from any and all liability arising from their giving or receiving information about my employment history, my academic credentials or qualifications, and my suitability for employment with STESA.

I understand that any offer of employment is contingent upon receipt of a satisfactory check of my academic credentials and employment references.

I further understand that any false or misleading statements or material omissions will be sufficient cause for rejection of my application or termination of my employment.

I understand that nothing in this employment application is intended to create an employment contract between STESA and me. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon STESA unless it is made in writing and signed by STESA's Executive or Associate Director. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason. I also



understand that STESA retains the right to terminate my employment at any time for any reason, consistent with applicable law.

I hereby acknowledge that I have read and understand this Applicant Statement.

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Signature of Applicant

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Date