



EEO STATEMENT

San Francisco Opera is an equal opportunity employer and does not discriminate because of race, color, age, creed, religion, sex, gender, gender identity/gender expression, marital status, domestic partner status, national origin or ancestry, physical or mental disability, pregnancy (and related medical conditions), medical condition including genetic information/characteristics, sexual orientation military or veteran status, or any other consideration made unlawful by federal, state or local laws. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law. San Francisco Opera also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. If you require an accommodation in the application process, please advise Human Resources at (contact information)

PLEASE PRINT OR TYPE CLEARLY.

NAME \_\_\_\_\_
Last First Middle Initial

PRESENT ADDRESS \_\_\_\_\_
Number/Street City State Zip Code

MAILING ADDRESS \_\_\_\_\_
(if different) Number/Street City State Zip Code

HOME TELEPHONE \_\_\_\_\_ CELL TELEPHONE \_\_\_\_\_

Are you authorized to work in the U.S.?  Yes  No

All employment is conditioned upon your providing timely and satisfactory evidence of your identity and legal right to work in the United States.

If hired, and you are under 18, can you furnish a work permit?  Yes  No  I am over 18

List any relatives currently working at San Francisco Opera \_\_\_\_\_
Name Relationship

Have you previously been employed by San Francisco Opera?  Yes  No If yes, indicate dates and position(s) \_\_\_\_\_

Are you currently employed?  Yes  No If yes, may we contact your present employer?  Yes  No

POSITION(S) DESIRED

1) \_\_\_\_\_
2) \_\_\_\_\_

Minimum Pay Rate Desired \_\_\_\_\_ Date Available for Work \_\_\_\_\_

Type of Employment  Full-time  Part-time  Temporary  Seasonal

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodations?  Yes  No

If no, describe the functions that cannot be performed here: \_\_\_\_\_

(Note: We comply with the FEHA and ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.)

For purposes of verifying your records, indicate any other name(s) under which you have worked or obtained education: \_\_\_\_\_

EDUCATION AND TRAINING

Table with 5 columns: Name/City & State, # of Years Completed, Graduated Yes/No, Degree, Diploma or Certificate Conferred, Major. Rows include High School, College, Post Graduate, Certificate Program or Trade.

List all special knowledge, skills or qualifications relevant to position desired:

- Typing wpm \_\_\_\_\_  Shorthand wpm \_\_\_\_\_
 Computer Software Programs \_\_\_\_\_
 Languages spoken/written other than English \_\_\_\_\_
 Other \_\_\_\_\_

**YOU MUST COMPLETE THIS SECTION. DO NOT STATE, "SEE RESUME."**

**EXPERIENCE**

*Experience also includes U.S. Military or volunteer experience applicable to position desired*

Dates of Employment Name & Address of Employer \_\_\_\_\_  
From \_\_\_ / \_\_\_ / \_\_\_ Job Title \_\_\_\_\_  
To \_\_\_ / \_\_\_ / \_\_\_ Main Responsibilities \_\_\_\_\_  
 Volunteer  Intern Supervisor (name & telephone number) \_\_\_\_\_  
 Full-time  Part-time Supervisor's Job Title \_\_\_\_\_  
Hours per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment Name & Address of Employer \_\_\_\_\_  
From \_\_\_ / \_\_\_ / \_\_\_ Job Title \_\_\_\_\_  
To \_\_\_ / \_\_\_ / \_\_\_ Main Responsibilities \_\_\_\_\_  
 Volunteer  Intern Supervisor (name & telephone number) \_\_\_\_\_  
 Full-time  Part-time Supervisor's Job Title \_\_\_\_\_  
Hours per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Dates of Employment Name & Address of Employer \_\_\_\_\_  
From \_\_\_ / \_\_\_ / \_\_\_ Job Title \_\_\_\_\_  
To \_\_\_ / \_\_\_ / \_\_\_ Main Responsibilities \_\_\_\_\_  
 Volunteer  Intern Supervisor (name & telephone number) \_\_\_\_\_  
 Full-time  Part-time Supervisor's Job Title \_\_\_\_\_  
Hours per week \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Where did you hear about the position you are applying for (name of website, newspaper, magazine, employee, professional contact, friend, or membership organization)? \_\_\_\_\_

San Francisco Opera is a private, non-profit enterprise, dealing extensively with public information and funds. Accordingly, we require all applicants for positions at San Francisco Opera to complete the following:

**PLEASE READ CAREFULLY AND INITIAL EACH SECTION WHERE INDICATED. BE SURE TO SIGN AND DATE BELOW.**

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given to the questions on this application by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed or reviewed this application. I understand that any material omissions or misrepresentation on this application or on any document used to secure employment may lead to rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby authorize San Francisco Opera to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and further, I authorize the references I have listed to disclose to San Francisco Opera any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release San Francisco Opera, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands and liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I hereby agree to submit to binding arbitration of all disputes and claims arising out of the submission of this application, and I understand that by agreeing to this binding arbitration provision, both I and the San Francisco Opera give up our rights to trial by jury as to any such claims. I agree that such arbitration shall be conducted under The American Arbitration Association Employment Arbitration Rules and Mediation Procedures. <https://www.adr.org/Rules>. No dispute may be consolidated or joined with a dispute between any other applicant or employee, nor may an individual applicant or employee seek to bring his/her dispute on behalf of other applicants/employees as a class or collective action or other representative proceeding. The arbitrator may not consolidate more than one individual's claims, and may not otherwise preside over any form of a class, collective, or representative proceeding.

San Francisco Opera recognizes that employees may have a statutory right (e.g., under the National Labor Relations Act) to act concertedly and will not retaliate against any employee for doing so. I understand that if I am hired, I will be asked to sign a binding mutual arbitration agreement governing any claims that might arise out of my employment with the San Francisco Opera. This application contains the entire agreement between the parties to date with regard to dispute resolution, and there are no other agreements as to dispute resolution, either oral or written as of this date.

\_\_\_\_\_ I understand that nothing contained in this application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and San Francisco Opera. In addition, I understand and agree that if I am employed (unless my employment is covered by a union contract), my employment is "at will" for no definite or determinable period and may be terminated at any time, with or without good cause and without prior notice, at the option of either myself or San Francisco Opera, and that no promises or representations contrary to the following are binding on the company unless made in writing and signed by me and San Francisco Opera's General Director.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



Name \_\_\_\_\_

Job Title \_\_\_\_\_

Company Name \_\_\_\_\_

Relationship \_\_\_\_\_

Number of Years Acquainted \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Company Name \_\_\_\_\_

Relationship \_\_\_\_\_

Number of Years Acquainted \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Job Title \_\_\_\_\_

Company Name \_\_\_\_\_

Relationship \_\_\_\_\_

Number of Years Acquainted \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_