



## California Pay Equity Task Force Member Application

### 1. Applicant Information:

Name:

First Click here to enter text. Middle Click here to enter text. Last Click here to enter text.

Address: Street Click here to enter text. City Click here to enter text. County Click here to enter text.

State Click here to enter text. Zip Click here to enter text.

Contact Information:

Mobile Click here to enter text. Phone Click here to enter text. E-mail Click here to enter text.

### 2. You are an (please check all that apply):

- Employee Rights Expert
- Employment Law Expert, Management Side
- Employment Law Expert, Employee Side
- Human Resources Compensation Executive
- Labor Union Representative
- Representative from Employer Association such as the Chamber of Commerce
- A Chief Diversity Officer
- A person who works in human resources responsible for diversity
- A person with a background in statistical research in the area of gender analysis
- A person with a background in industrial-organizational psychology
- A self-identified individual with an interest in pay equity laws and policy

3. **Please explain your qualifications for and interest in a position on the taskforce and what perspective you will bring:** *(See SB 358, Jackson, Chapter 546, Statutes of 2015: Labor Code Section 1197.5 concerning the Equal Pay Act, and Government Code Chapter 3.1. Sections 8240 - 8250.1 concerning the powers and authority of the Commission on the Status of Women and Girls as well as policy areas under the Commission's purview for the purpose of examining any laws, practices, or conditions concerning or affecting women and girls which impose special limitations or burdens upon them or upon society, or which limit or tend to limit opportunities available to women and girls)*

4. **Please provide your current business or professional address:**

Please leave blank if currently not working.

Professional Title: Click here to enter text.

Business/Firm/Office: Click here to enter text.

Business Address:

Street Click here to enter text. City Click here to enter text. County Click here to enter text.

State Click here to enter text. Zip Click here to enter text.

Contact Information:

Mobile Click here to enter text. Phone Click here to enter text. Email Click here to enter text.

**\*Please note for Questions 5, 6, 7, 8, 9 & 10 you may attach a current resume or CV in lieu of completing.**

5. **Professional History.** You may attach curriculum vitae in lieu of completing this section.

Work History 1: Click here to enter text.

Professional Title: Click here to enter text.

Business/Firm/Office: Click here to enter text.

Work History 2: Click here to enter text.

Professional Title: Click here to enter text.

Business/Firm/Office: Click here to enter text.

Work History 3: Click here to enter text.

Professional Title: Click here to enter text.

Business/Firm/Office: Click here to enter text.

**\*Please attach an additional page if needed to complete this section.**

6. **Please provide your educational history starting with the most recent degree/certificate earned.** You may attach curriculum vitae in lieu of completing this section.

Institution Attended: [Click here to enter text.](#) Degree/Certificate Earned: [Click here to enter text.](#)

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Institution Attended: [Click here to enter text.](#) Degree/Certificate Earned: [Click here to enter text.](#)

7. **Military Service:** You may attach curriculum vitae in lieu of completing this section.

Yes  No

If yes, please complete the following:

Branch: [Click here to enter text.](#)

Rank: [Click here to enter text.](#)

State of Service: [Click here to enter text.](#)

Service Dates: From [Click here to enter text.](#) To [Click here to enter text.](#)

8. **Professional Licenses & Certificates:** You may attach curriculum vitae in lieu of completing this section.

Please leave blank if none.

Name: [Click here to enter text.](#)

Received on: [Click here to enter text.](#) Expires on: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Received on: [Click here to enter text.](#) Expires on: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Received on: [Click here to enter text.](#) Expires on: [Click here to enter text.](#)

Name: [Click here to enter text.](#)

Received on: [Click here to enter text.](#) Expires on: [Click here to enter text.](#)

9. **Please list all Associations, Organizations, and Societies you are or have been affiliated with.** You may attach curriculum vitae in lieu of completing this section.

Name: Click here to enter text.

Title: Click here to enter text.

Membership dates: From Click here to enter text. To Click here to enter text.

Current Member: Yes

Name: Click here to enter text.

Title: Click here to enter text.

Membership dates: From Click here to enter text. To Click here to enter text.

Current Member: Yes

Name: Click here to enter text.

Title: Click here to enter text.

Membership dates: From Click here to enter text. To Click here to enter text.

Current Member: Yes

Name: Click here to enter text.

Title: Click here to enter text.

Membership dates: From Click here to enter text. To Click here to enter text.

Current Member: Yes

Name: Click here to enter text.

Title: Click here to enter text.

Membership dates: From Click here to enter text. To Click here to enter text.

Current Member: Yes

10. **Volunteer Work.** You may attach curriculum vitae in lieu of completing this section.

Please provide a brief description of your volunteer work, including any past or previous taskforce efforts.

11. **Have you ever been a registered lobbyist or have you lobbied at any level of government?**

If yes, please provide a brief summary of duties and please include dates.

12. **Have you ever been formally disciplined or cited for a breach of ethics or unprofessional conduct by an organization?**

If yes, please explain.

13. **Other.** Please explain.

14. **Availability.** The task force has scheduled meetings for the following dates in 2016:  
*Please indicate which dates you are available to attend the meeting in person, and on which dates a representative would attend on your behalf*

July 22:        I can attend     A representative can attend

August 19:    I can attend     A representative can attend

October 24:   I can attend     A representative can attend

15. **Please provide three references that the Commission may contact regarding your interest in this appointment:**

Name: Click here to enter text.    Title: Click here to enter text.    Phone: Click here to enter text.

E-mail: Click here to enter text.    Your relationship to this person? Click here to enter text.

Name: Click here to enter text.    Title: Click here to enter text.    Phone: Click here to enter text.

E-mail: Click here to enter text.    Your relationship to this person? Click here to enter text.

Name: Click here to enter text.    Title: Click here to enter text.    Phone: Click here to enter text.

E-mail: Click here to enter text.    Your relationship to this person? Click here to enter text.

I hereby submit my name for consideration to serve as a member of a taskforce to the California Commission on the Status of Women and Girls. In doing so, I understand that:

1. Persons serving on the Task Force shall be volunteers and shall serve without per diem.
2. Persons serving on the Task Force are generally expected to cover travel costs; however, financial assistance is available for limited need.
3. The Task Force is subject to all provisions of the Bagley-Keene Open Meeting Act as set forth in Government Code sections 11120-11132.1.

**I certify, under penalty of perjury, under the law of the State of California, that the information in this application and any attachments are true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**All persons interested in an appointment to the California Commission on the Status of Women and Girls Pay Equity Task Force please submit:**

- 1) **A completed and signed application**
- 2) **A current resume/curriculum vitae**

**Please submit to: California Commission on the Status of Women and Girls  
900 N Street, Suite 390  
Sacramento, California 95814  
Attention: Subcommittee on Gender Equity in the Workplace and Employment  
Or via email to: [Bethany.Renfree@women.ca.gov](mailto:Bethany.Renfree@women.ca.gov)  
(916) 651-5405**

**INFORMATION COLLECTION AND ACCESS**

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals. Agency name: California Commission on the Status of Women and Girls, 900 N Street, Suite 390, Sacramento, CA 95814; Telephone: (916) 651-5405. The Authority that authorizes the maintenance of the information is the Business and Professions Code and Pub. L. 94-455 (42 U.S.C.A. 405(c) (2)). The principal purpose(s) for which information is to be used is to determine eligibility. Any known or foreseeable interagency or intergovernmental transfer that may be made of the information, when necessary, is to other federal, state, and local agencies. Each individual has the right to review the files or records maintained on them by the agency, except for information exempt from disclosure pursuant to Section 6254 of the Government Code or Section 1798.40 of the Civil Code.