



EMPLOYMENT APPLICATION

CONFIDENTIAL DOCUMENT

CONFIDENTIAL DOCUMENT MANAGEMENT

Employment applications contain confidential information.

Managers and Supervisors understand the importance of controlling access to applications in their care and the sensitive and confidential nature of the information contained in them.

Every candidate and new employee is required to complete an application.

We do not provide copies of candidates' applications to other companies or colleagues outside of our company, except as required by law.

Application for Employment

The Leaven

The Leaven is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of race, ethnicity, color, religion or religious creed (including religious dress or grooming practices), national origin, ancestry, sex (including childbirth, breastfeeding, and related medical conditions), gender, gender identity and expression, sexual orientation, transitioning status, age, physical or mental disability, protected medical condition, citizenship status, military and veteran status, uniform service member status, genetic information, marital status, pregnancy, driver's license, or any other legally recognized protection basis under federal, state, or local laws, regulations, or ordinances. The information collected by this application is solely to determine suitability for employment, verify identity, and maintain employment statistics on applicants. Every candidate and new employee is required to complete an application. We do not provide copies of candidates' applications to other companies or colleagues outside of our company.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done which will ensure an equal employment opportunity without imposing undue hardship on The Leaven. Additionally, please inform the company's personnel representative if you need assistance completing any forms or to otherwise participate in the application process.

Position Desired		Date of Application	
Status	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Date Available to Work	
Referred by (if applicable)			

APPLICANT INFORMATION

Last Name		First Name		Middle	
Street Address			City, State, ZIP		
Best Number	()	Alternate Contact	()	E-Mail Address	

Have you ever worked for The Leaven?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , please give dates of employment and position title:
Have you ever filed an Application for Employment with The Leaven?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , please give date:
For the purpose of verifying information on this application, have you ever worked or attended school under a different name at any of the organizations you have listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , please provide other names and explain:
Have you ever been terminated or asked to resign from any job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , please explain the circumstances:
If hired, can you furnish proof that you are over 18 years of age?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have reliable transportation to and from work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you able to perform the essential functions of the position(s) for which you are applying, either with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you bound by provisions of a non-compete, proprietary, or confidentiality agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , for how long?
Is there anything you wish to avoid in a new job?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>Yes</u> , please explain:

EMPLOYMENT HISTORY

Please list the names of your present or previous employers in chronological order with present or last employer listed first. If self-employed, give firm name and supply business references. Add additional page(s) if necessary.

#1

Previous Employer Name:		Address			
Phone Number		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>No</u> , please explain:	
Job Title or Position		Date Employment Began		Date Employment Ended	
Job Responsibilities					
Supervisor's Name and Title		Supervisor's Phone Number <u>and</u> E-mail			
Reason for Leaving					

#2

Previous Employer Name:		Address			
Phone Number		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>No</u> , please explain:	
Job Title or Position		Date Employment Began		Date Employment Ended	
Job Responsibilities					
Supervisor's Name and Title		Supervisor's Phone Number <u>and</u> E-mail			
Reason for Leaving					

#3

Previous Employer Name:		Address			
Phone Number		May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If <u>No</u> , please explain:	
Job Title or Position		Date Employment Began		Date Employment Ended	
Job Responsibilities					
Supervisor's Name and Title		Supervisor's Phone Number <u>and</u> E-mail			
Reason for Leaving					

EDUCATIONAL BACKGROUND

	Name <u>and</u> Address of Institution	Course of Study/Specialized Training or Skills	Years Completed (Circle)	Diploma or Degree Obtained
High School			1 2 3 4	
College or Vocational School			1 2 3 4	
Advanced Degree			1 2 3 4	
Other (Specify)				

PERSONAL REFERENCES

Please list persons who know you well who are not previous employers or relatives.

Name		Address	
Occupation		Telephone Number	()
# Years Known		E-mail Address	

Name		Address	
Occupation		Telephone Number	()
# Years Known		E-mail Address	

Name		Address	
Occupation		Telephone Number	()
# Years Known		E-mail Address	

OTHER SKILLS

Please indicate any actual experience, special training, and qualifications you may have that you believe to be relevant to the position for which you are applying.

APPLICATION WILL BE CONSIDERED ACTIVE FOR THE PERIOD OF TIME FOR WHICH THE POSITION YOU APPLIED IS OPEN, OR A MAXIMUM OF 30 DAYS, WHICHEVER IS GREATER. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. **I CERTIFY UNDER PENALTY OF PERJURY OF THE LAWS OF THIS STATE AND OF THE UNITED STATES THAT ALL OF THE INFORMATION I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.**

X

Signature of Applicant
Date

APPLICANT'S STATEMENT AND AGREEMENT

In the event of my employment with The Leaven, I will comply with all rules and regulations of The Leaven ("Company").

Conditions of Hire: I understand that the Company reserves the right to require me to submit to a test for the presence of alcohol or drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent on passing of a physical examination and a test for the presence of alcohol or drugs in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and an alcohol and drug test, to the extent permitted by law. I consent to the disclosure of the results of any physical examination and related tests to the Company. I also understand that I may be required to take other tests, such as assessment tests, prior to and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated. I understand that bonding may be a condition of hire. If it is, I will be so advised either before or after hiring and a bond application will have to be completed.

Authorization for Background Verification: I understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me. I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding me. I also authorize the Company to use social media and other internet resources as part of the pre-employment screening process to the extent permitted by law.

Statement of Full Disclosure: I hereby state that all the information I provided on this application or any other documents completed in connection with my employment, and in any interview, is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed by the Company and any information provided to the Company is found to be false or incomplete in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

At-Will Employment: I agree that, if hired, my employment is terminable at-will, is for no specific duration, and my employment may be terminated by either the Company or me at any time, with or without cause or notice. This Agreement is the entire agreement between the Company and me regarding dispute resolution, the length of my employment if hired, and the reasons for termination of employment, and this Agreement supersedes any and all prior agreements regarding these issues. It is further agreed and understood that my employment-at-will status, if I am hired, may only be changed in a written document signed by the President of the Company. Oral representations or agreements made before or after I am hired do not alter this Agreement.

Introductory Period: If employed, I may be subject to an Introductory Period at the beginning of my employment in order that both the Company and I evaluate my suitability for the position hired. The Introductory Period may be extended or be reimposed at any point in my employment. The existence of the Introductory Period does not alter, amend or remove the Company's At-Will employment policy.

Nepotism Policy: Relatives, roommates, and romantic relations of current employees of the Company may not work in a direct reporting relationship with such current employees, excluding relatives of persons with an ownership interest in the Company. If you receive a conditional offer of employment, you may be asked to identify any relative, roommate, or romantic relation who is a current employee of the Company. For purposes of this policy, "relative" is defined as any person who is related by blood or marriage, or whose relationship with the employee is similar to that of people who are related by blood or marriage; "roommate" is defined as any person who resides with the employee, regardless of affiliation; and "romantic relation" is defined as any person who is engaged in a relationship of a romantic nature with the employee.

Arbitration: I further agree and acknowledge that the Company and I will utilize binding arbitration as the sole and exclusive means to resolve all disputes that may arise out of or be related in any way to my employment or my application for employment. I and the Company each specifically waive and relinquish our respective rights to bring a claim against the other in a court of law and to have a trial by jury. Both the Company and I agree that any claim, dispute, and/or controversy that I may have against the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) or that the Company may have against me, shall be submitted to and determined exclusively by binding arbitration under the Federal Arbitration Act ("FAA"), in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Section 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). The FAA applies to this Agreement because the Company's business involves interstate commerce. Included within the scope of this Agreement are all disputes, whether based on tort, contract, statute (including, but not limited to, any claims of discrimination, harassment, and/or retaliation, whether they be based on the California Fair Employment and Housing Act, Title VII of the Civil Rights Act of 1964, as amended, or any other state or federal law or regulation), equitable law, or otherwise, with exception of claims arising under the National Labor Relations Act which are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, Employment Development Department claims, or other claims that are not subject to arbitration under applicable law. However, nothing herein shall prevent me from filing and pursuing proceedings before the California Department of Fair Employment and Housing, or the United States Equal Employment Opportunity Commission (although if I choose to pursue a claim following the exhaustion of such administrative remedies, that claim would be subject to the provisions of this Agreement). In addition to any other requirements imposed by law, the arbitrator selected shall be a retired California Superior Court Judge, or otherwise qualified individual to whom the parties mutually agree, and shall be subject to disqualification on the same grounds as would apply to a judge of such court. All rules of pleading (including the right of demurrer), all rules of evidence, all rights to resolution of the dispute by means of motions for summary judgment, judgment on the pleadings, and judgment under Code of Civil Procedure Section 631.8 shall apply and be observed. Resolution of all disputes shall be based solely upon the law governing the claims and defenses pleaded, and the arbitrator may not invoke any basis (including but not limited to, notions of "just cause") other than such controlling law. The arbitrator shall have the immunity of a judicial officer from civil liability when acting in the capacity of an arbitrator, which immunity supplements any other existing immunity. Likewise, all communications during or in connection with the arbitration proceedings are privileged in accordance with Cal. Civil Code Section 47(b). The arbitrator shall have the authority to extend the times set under federal or state law for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion. Any dispute concerning the validity, enforceability, scope, or interpretation of this Agreement, or concerning the arbitrability of a particular claim, shall be resolved by a court of law of competent jurisdiction.

Severability: If any term, provision, or portion of this Agreement is determined to be void or unenforceable it shall be severed and the remainder of this Agreement shall be fully enforceable.

I hereby acknowledge that I have read, understand, and agree to be legally bound to all of the above terms.

IF YOU HAVE ANY QUESTIONS REGARDING THESE TERMS, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT AND AGREEMENT.

X

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Signature of Applicant

Date