

Souplantation & Sweet Tomatoes®

salads • soups • bakery

APPLICATION FOR EMPLOYMENT

Name in Full (print) _____
(Last Name) (First Name) (Initial)

Home Address _____
(City) (State) (Zip Code)

Residence Telephone (_____) _____ Message Telephone (_____) _____

In Case of Emergency Contact _____ Telephone (_____) _____

APPLICATION FOR POSITION AS: FIRST CHOICE	HAVE YOU WORKED FOR OUR COMPANY BEFORE? ____ YES ____ NO DATE LEFT _____	HAVE YOU EVER WORKED FOR OUR COMPANY BEFORE UNDER ANOTHER NAME? ____ YES ____ NO (IF YES, PUT NAME UNDERNEATH.)
SECOND CHOICE	WILL YOU ACCEPT PART TIME WORK? ____ YES ____ NO	ARE YOU AT LEAST 16 YEARS OF AGE? ____ YES ____ NO
SALARY EXPECTED:	WILL YOU ACCEPT TEMPORARY WORK? ____ YES ____ NO	DATE AVAILABLE:
CAN YOU ACCEPT A POSITION IMMEDIATELY? ____ YES ____ NO	MONDAY	TUESDAY
CHECK DAYS AVAILABLE TO WORK IN BOXES PROVIDED AT RIGHT. <small>(Inability to work on any given day will not necessarily bar applicant from employment.)</small>	WEDNESDAY	THURSDAY
	FRIDAY	SATURDAY
	SUNDAY	

Have you ever been convicted of a felony (a conviction will not necessarily bar an applicant from employment)? _____ YES ____ NO

(If yes, explain) _____

RECORD OF PREVIOUS EMPLOYMENT:

Please list the names of your previous employers during the past five year period in chronological order with present or most recent employer listed first. Be sure to account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. (Attach extra sheets if necessary.)

NAME OF PRESENT OR PREVIOUS EMPLOYER	EMPLOYED FROM (MO./YR.)	PAY START	TITLE OR POSITION	REASON FOR LEAVING
ADDRESS				
CITY, STATE, ZIP CODE	TO (MO./YR.)	FINAL	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
TELEPHONE ()				
NAME OF PRESENT OR PREVIOUS EMPLOYER	EMPLOYED FROM (MO./YR.)	PAY START	TITLE OR POSITION	REASON FOR LEAVING
ADDRESS				
CITY, STATE, ZIP CODE	TO (MO./YR.)	FINAL	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
TELEPHONE ()				
NAME OF PRESENT OR PREVIOUS EMPLOYER	EMPLOYED FROM (MO./YR.)	PAY START	TITLE OR POSITION	REASON FOR LEAVING
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ADDRESS				
CITY, STATE, ZIP CODE	TO (MO./YR.)	FINAL	NAME AND TITLE OF IMMEDIATE SUPERVISOR	
TELEPHONE ()				

EDUCATIONAL HISTORY:

NAME	COMPLETE ADDRESSES OF SCHOOLS	ACADEMIC MAJOR	G.P.A.	# OF YEARS ATTENDED	GRADUATED
TECHNICAL OR VOCATIONAL SCHOOL					____ YES ____ NO
JUNIOR COLLEGE OR UNIVERSITY					____ YES ____ NO
LAST HIGH SCHOOL					____ YES ____ NO
LAST ELEMENTARY SCHOOL					____ YES ____ NO
OTHER DETAILS OF EXPERIENCE OR TRAINING INCLUDING INFORMATION ON ADULT EDUCATION PROGRAMS WHICH HAVE A DIRECT BEARING ON THE JOB WHICH YOU ARE SEEKING?	SCHOOL	COURSE	DIPLOMA OR CERTIFICATE?	DATE COMPLETED	

CHARACTER REFERENCES:

NAME	OCCUPATION	ADDRESS (STREET, CITY, STATE)	TELEPHONE NUMBER	RELATIONSHIP TO APPLICANT

Are you willing to relocate? _____ YES _____ NO

Have you ever been terminated, laid-off or asked to resign from any job? _____ YES _____ NO

(If yes, explain) _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? _____ YES _____ NO

(If no, please explain) _____

If hired do you agree to abide by the safety rules of the Company? _____ YES _____ NO

Have you ever been counseled for cash handling situations? _____ YES _____ NO

(If yes, please explain) _____

This job demands vigorous physical activity (ie., standing for long periods of time, pushing, pulling, lifting, bending, etc.).

Can you perform these functions with or without reasonable accommodations? _____ YES _____ NO

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

APPLICANT'S STATEMENT & AGREEMENT:

In the event of my employment to a position in this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of 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 upon the passing of a physical examination, and a test for the presence of alcohol 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 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 personality and honesty 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.

I understand that in connection with this application and at any time during my employment the company may investigate my driving record and my criminal record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of such an investigation. If further 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 fully 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 my 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.

I also acknowledge that the Company utilizes a system of alternative dispute resolution that involves binding arbitration to resolve all disputes that may arise out of the employment context. Because of the mutual benefits (such as reduced expense and increased efficiency) that private binding arbitration can provide both the Company and me, the Company and I agree that any claim, dispute, and/or controversy (including, but not limited to, any claims of discrimination or harassment, whether based on the California Fair Employment and Housing Act, as well as all other applicable state or federal laws or regulations) that would otherwise require or allow resort to any court or other governmental dispute resolution forum between me and the Company (or its owners, directors, officers, managers, employees, agents, and parties affiliated with its employee benefit and health plans) arising from, related to, or having any relationship or connection whatsoever with my seeking employment with, employment by, or other association with the Company, whether based on tort, contract, statutory, or equitable law, or otherwise, (with the sole exception of claims arising under the National Labor Relations Act that are brought before the National Labor Relations Board, claims for medical and disability benefits under the California Workers' Compensation Act, and Employment Development Department claims) shall be submitted to and determined exclusively by binding arbitration. I acknowledge that the Company's business and the nature of any employment in that business affect interstate commerce. I agree that the arbitration and this Agreement shall be controlled by the Federal Arbitration Act, in conformity with the procedures of the California Arbitration Act (Cal. Code Civ. Proc. Sec. 1280 et seq., including section 1283.05 and all of the Act's other mandatory and permissive rights to discovery). However in addition to requirements imposed by law, any arbitrator herein shall be a retired California Superior Court Judge and shall be subject to disqualification on the same grounds as would apply to a judge of such court. To the extent applicable in civil actions in California courts, the following shall apply and be observed: 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. Resolution of the dispute 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). As reasonably required to allow full use and benefit of this agreement's modifications to the Act's procedures, the arbitrator shall extend the times set by the Act for the giving of notices and setting of hearings. Awards shall include the arbitrator's written reasoned opinion and, at either party's written request within 10 days after issuance of the award, shall be subject to affirmation, reversal or modification, following review of the record and arguments of the parties by a second arbitrator who shall, as far as practicable, proceed according to the law and procedures applicable to appellate review by the California Court of Appeal of a civil judgment following court trial. If Cal. Civ. Proc. Code Sec. 1284.2 conflicts with other substantive statutory protections or controlling case law, the allocation of costs and arbitrator fees shall be governed by said statutory provisions or controlling case law. I UNDERSTAND BY AGREEING TO THIS BINDING ARBITRATION PROVISION THAT THE COMPANY AND I ARE GIVING UP OUR RIGHTS TO TRIAL BY JURY.

I further understand and voluntarily agree that this alternative dispute resolution program shall also cover claims of discrimination or harassment under Title VII of the Civil Rights Act of 1964, as amended. By marking the box to the right, I elect to give up the benefits of arbitrating such Title VII claims only

I hereby state that all of the information that I provided on this application or any other documents filled out in connection with my employment and/or in any interview for employment is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false or incomplete in any respect, the Company may terminate my employment.

If hired, I agree as follows: I understand that nothing in this Application creates or is intended to create a promise or representation of continued employment and that my employment, position, and compensation at the company are at-will, and may be changed or terminated by the Company at any time without notice and with or without cause. I also understand that I have the right to terminate my employment at any time, with or without cause or notice, and that the Company has a similar right. I further understand that my status as an "at-will" employee may not be changed. My signature below certifies that I understand the foregoing agreement that at-will status is the sole and entire agreement between the Company and me concerning the duration of my employment and the circumstances under which my employment may be terminated. It supersedes all contrary prior agreements, understandings, and representations (whether written or oral) concerning my employment with the company.

Should any term or portion of this Agreement be declared void or unenforceable it shall be severed and the remainder of this Agreement shall be enforced.

IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT AND AGREEMENT, PLEASE ASK A COMPANY REPRESENTATIVE BEFORE SIGNING.

MY SIGNATURE BELOW ATTESTS TO THE FACT THAT I HAVE READ, UNDERSTAND, AND VOLUNTARILY AGREE TO BE LEGALLY BOUND TO ALL OF THE ABOVE TERMS. DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE ACKNOWLEDGMENT AND AGREEMENT.

Signature of Applicant

Date

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or

citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

NOTICE:

Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

Employment Verification.  Done.

For more information on E-Verify, please contact DHS at:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

A V I S O:

La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

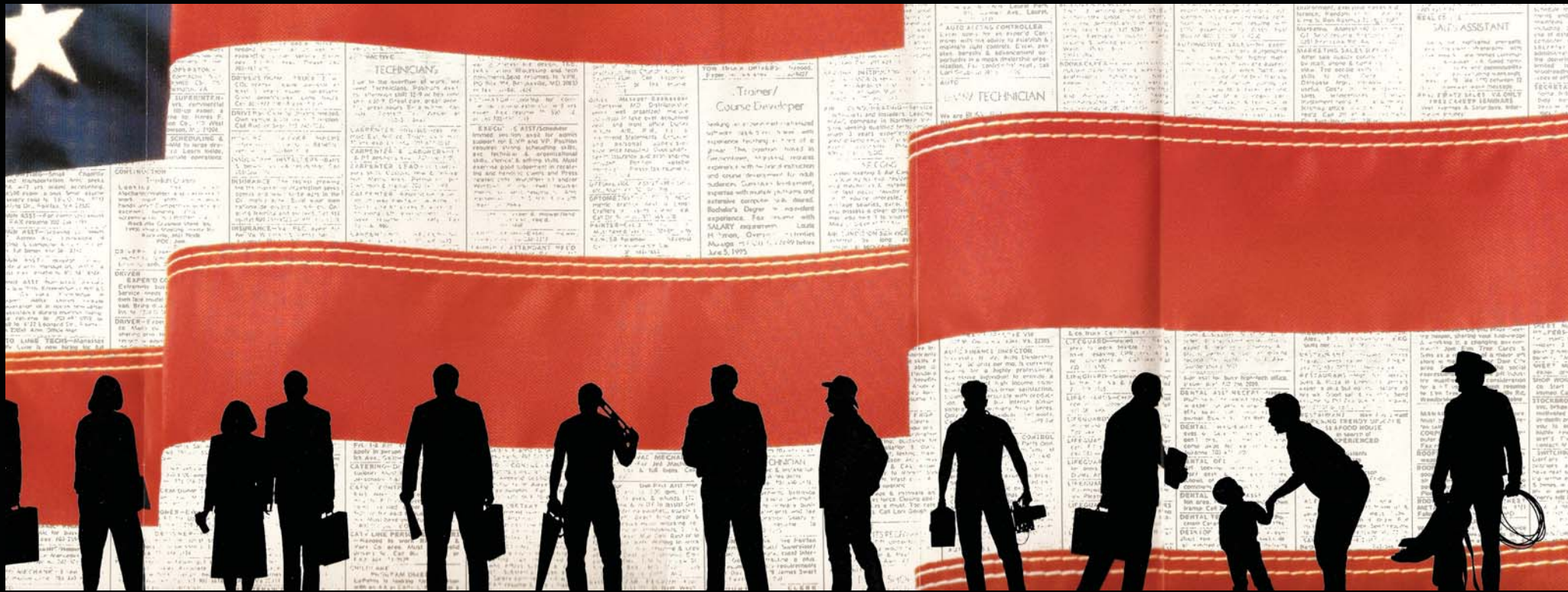
Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:

1-888-464-4218



E-VERIFY IS A SERVICE OF DHS AND SSA

IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that –
No employer can deny you a job or fire you because of your national origin or citizenship status.

In most cases employers cannot require you to be a U.S. citizen or permanent resident or refuse any legally acceptable documents.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688. TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to:
U.S. Department of Justice
Office of Special Counsel - NYA
950 Pennsylvania Ave., N.W.
Washington, DC 20530

**U.S. Department of Justice
Civil Rights Division**

Office of Special Counsel for
Immigration-Related Unfair
Employment Practices



