

Hello,

We're happy that you have chosen to explore the opportunity of joining our Team.

KURU CBD is a producer and retailer of CBD products for skin and body and a service oriented organization focusing on premium CBD technologies and product development in the world. As KURU CBD is working hard to be a leader, expanding throughout the United States, the need for talent on all levels is essential for our survival and success. Although different positions require different responsibilities and skills, KURU CBD focuses on the common characteristics with each individual invited to join the Team. We employ above average performers who enjoy working hard, doing a great job, and most importantly, helping people.

Candidates will be measured by their ability to multi-task, working in a fast pace environment on various levels, "keeping smiles" all around with co-workers and with the Customer. We believe "trust" is a key ingredient to breeding healthy relationships within our organization and especially with our Customers. The ability to create an emotional connection with a client on the telephone, via email, and/or in person is crucial to all job positions. KURU CBD is more than just CBD. It's all about building strong relationships and delivering the best products with CBD technology. That's why we encourage our Team to live as an example as good listeners and total professionalism to help each customer with our CBD products.

You have two options to sending us your application via email at maria@kurucbd.com, or mail it to the following address:

KURU CBD PO Box 63420 Irvine, CA 92602

Again, thank you for your interest with KURU CBD, and we wish the very best of success with your career no matter where it takes you.

Best regards, Maria Manciati , CEO



We appreciate the time you are dedicating to the completion of this application. It is important that you fully and accurately complete this application yourself and indicate the position(s) for which you wish to be considered. Please be sure to complete this application in the most thorough and cautious manner possible, as we use a sophisticated and detailed background and employment screening process that will disclose inaccurate, false, incomplete and/or omitted information.

The following must be filled out completely for your application to be considered.

(Please Print)

#### PERSONAL INFORMATION

Last Name	First Name		Middle Name
Social Security Number	Driver Licen	se No	State Issued
Home Telephone ( )	Cell Phone (	_)	Business Tel ( )
Email Address			
Home Address			
City		State	Zip Code
Mailing Address (if different than a	bove)		· · · · · · · · · · · · · · · · · · ·
City		State	Zip Code
Please list the cities and correspon	nding state in which you hav	e lived during	the past 7 years:
For identification purposes only: M	onth of Birth (Jan -	Dec) Day of E	Birth (1 - 31) (Do Not Supply Year of Birth)
Have you used any name(s) and/o	or social security number(s)	other than tha	t noted above? □ Yes □ No
Please List Other Name(s) Used _			
Please List Other Social Security I	Number(s) Used		· · · · · · · · · · · · · · · · · · ·
Are you at least 18 years old? ☐ \(\)(If under 18 years of age, proof of		will be require	ed if you are hired.)
asked to provide documentation th	at verifies your legal right to	work in the U	re employed by our Company, you will be Inited States. If you are unable to provide d, can you present evidence of your right to

If hired, would you have a reliable means of transportation to and from work? ☐ Yes ☐ No **EMPLOYMENT INFORMATION** Position Desired Are you available to work on weekends? ☐ Yes ☐ No Are you available to work overtime, if necessary? ☐ Yes ☐ No If hired, on what date can you start work? \_\_\_\_\_ Salary Desired Have you applied to or worked for our company before? ☐ Yes ☐ No If yes, when? Do you have any friends or relatives working for our company? ☐ Yes ☐ No If yes, list name(s) and corresponding relationship: Do you have any commitment to another entity or person that might affect your employment? ☐ Yes ☐ No If yes, please explain: **EDUCATION, TRAINING AND SKILLS** High School: Name \_\_\_\_\_ City/State \_\_\_\_ Did You Graduate? □ Yes □ No Degree or Diploma Attempted/Earned \_\_\_\_\_\_ Years Completed \_\_\_\_\_ College/University: Name \_\_\_\_\_ City/State \_\_\_\_\_ Did You Graduate? 

Yes 
No Degree or Diploma Attempted/Earned \_\_\_\_\_\_ Years Completed \_\_\_\_\_ Vocational School: Name City/State Did You Graduate? ☐ Yes ☐ No Degree or Diploma Attempted/Earned \_\_\_\_\_\_\_ Years Completed \_\_\_\_\_\_ Please list any foreign languages you speak, read, write, and/or understand: Please describe any other experience, training, qualifications, and/or skills that make you especially suited to work at our company:

## **EMPLOYMENT HISTORY**

Are you presently employed? ☐ Yes ☐ No				
If yes, may we contact your present employ	er? □ Yes □ No			
	ir most recent employe	ment history by listing all present and previous employe er. Please note that this section must be completed eve additional pages as needed.		
(1) Company Name	Type of Business			
City/State	Company Telephone ( )			
Supervisor Name/Title				
Dates of Employment: From	To	Job Title		
Please describe both your position and resp	oonsibilities:			
Earnings: Starting   Hourly [	☐ Monthly ☐ Yearly	Ending □ Hourly □ Monthly □ Yearly		
Was your termination voluntary or involunta	ry? □ Voluntary □ li	nvoluntary		
Please describe the exact reason for your to	ermination:			
(2) Company Name	Туן	pe of Business		
City/State		Company Telephone ( )		
Supervisor Name/Title				
Dates of Employment: From	To	Job Title		
Please describe both your position and resp	oonsibilities:			
Earnings: Starting   Hourly [	☐ Monthly ☐ Yearly	Ending □ Hourly □ Monthly □ Yearly		
Was your termination voluntary or involunta	ry? □ Voluntary □ I	nvoluntary		
Please describe the exact reason for your to	ermination:			
(3) Company Name	Туן	pe of Business		
City/State				
Dates of Employment: From	To	Job Title		

Please describe both your position and responsibilities:						
Earnings: Starting □ Hourly □ Monthly □ Yearly Ending □ Hourly □ Monthly □ Yearly						
Was your termination voluntary or involuntary? □ Voluntary □ Involuntary						
Please describe the exact reason for your termination:						
(4) Company Name Type of Business						
City/State Company Telephone ( )						
Supervisor Name/Title						
Dates of Employment: From To Job Title						
Please describe both your position and responsibilities:						
Earnings: Starting						
Was your termination voluntary or involuntary? ☐ Voluntary ☐ Involuntary						
Please describe the exact reason for your termination:						
Have you <i>ever</i> been involuntarily terminated or asked to resign from a job? ☐ Yes ☐ No						
If yes, please explain:						
How were you referred to our company?						
Please describe why you would like a position with our company:						
UNEMPLOYMENT HISTORY						
Please account for all times of unemployment during the last ten years, after completing school, by listing both the period(s) of time and the reasons for unemployment. Do not include periods of unemployment of one month or less.						

### **PROFESSIONAL REFERENCES**

List below three persons not related to you, from either a business or academic settings, who have knowledge of your professional performance abilities within the last three years. (1) Reference Name \_\_\_\_\_\_ Relationship \_\_\_\_\_ Years Known \_\_\_\_ (2) Reference Name \_\_\_\_\_ Years Known \_\_\_\_\_ (3) Reference Name \_\_\_\_\_ Years Known \_\_\_\_\_ **LICENSE INFORMATION** License/Certificate Name \_\_\_\_\_ State Issued \_\_\_\_\_ If your license/certificate has ever lapsed, been revoked or suspended, please explain: **MILITARY SERVICE** Branch of Service Dates of Enlistment: From \_\_\_\_\_ To \_\_\_\_ Rank Attained \_\_\_\_\_ Are you presently a member in the National Guard or Reserves? ☐ Yes ☐ No If yes, list the date your obligation ends Please describe any special skills you have obtained as a result of your service in the military: ATTENDANCE HISTORY Is there any reason you would not be able to fully conform to all attendance requirements? ☐ Yes ☐ No If yes, please explain: How many Mondays and/or Fridays were you absent last year, other than vacation leave? Please explain:

#### **CRIMINAL HISTORY**

Please respond to the following questions in the most complete and accurate manner possible. Do not identify convictions for convictions for which the criminal record has been expunged or sealed by the court; or, misdemeanor convictions for which any probation has been completed and the case dismissed by the court. Furthermore, please note that no applicant will be denied employment solely on the grounds that they have been charged, committed, or convicted of (or pleaded guilty or no contest to) a criminal offense; or, solely on an affirmative answer. The nature, date, surrounding circumstances, and relevance of the offense to the position(s) applied for will be considered.

Have you ever, under your name or another name, been convicted of (or pleaded guilty or no contest to) a felony or misdemeanor? ☐ Yes ☐ No				
Have you ever, under your name or another name, been convicted of a crime which resulted in your being in prison and/or jail and released from prison and/or jail or paroled? ☐ Yes ☐ No				
If yes to either question noted above, please fully explain when, where and of what you were convicted and the result of the case(s):				
Are you currently under arrest, or released on bond on your own recognizance, pending trial for any type of criminal offense? ☐ Yes ☐ No				
If yes, state the nature of the crime charged, and when and where the trial is pending:				
Have you used illegal drugs in the last six months? ☐ Yes ☐ No				
Do you take any illegal drugs or medications, which have not been prescribed for you? ☐ Yes ☐ No				
If yes to either of the above questions, when was the last time you used illegal drugs?				
Please explain:				
Have you ever been convicted of driving under the influence (DUI)? ☐ Yes ☐ No				
Do you use alcohol to the extent that it would impair your job performance? ☐ Yes ☐ No				
If you have been supplied with a job description or are applying for a particular position with our company, do you believe you are able to perform the essential functions of the job (with or without reasonable accommodation? ☐ Yes ☐ No				
If no, describe the functions that cannot be performed:				

# **AUTHORIZATION**

Please read the following carefully, being sure to initial each paragraph, sign and print your name, and date once completed. Please complete and sign any separate documents that may be attached.

#### **CONFIRMATION OF HONEST AND ACCURATE COMPLETION**

By my signature and initials placed below, I promise that I have personally completed this application. I declare under penalty of perjury that the information provided in this employment application (and the accompanying resume, if applicable) is true and complete, and I understand that any false information or significant omissions may disqualify me from consideration for employment and may be justification for my dismissal from employment if discovered at a later date. I understand that any job offer is conditional, based on the satisfactory review of my qualifications including any and all background or drug screening.

screering.		
		Initials
DRUG AND ALCOHOL SCREENING (SEE SEP	ARATE AGREEMENT)	
I give permission for a pre-employment drug and alcohol screening the appropriate release of any and all medical information, as may be	exam, and, if the company makes a conditional job ne deemed necessary.	offer, I give permission for a complete physical and mental examination. I also consent to
		Initials
OTHER EMPLOYMENT AND/OR ACTIVITIES		
I understand that, if hired, I may not hold other employment or en	gage in other activities that create a conflict of inte	erest with my position with the company, unless I have been given permission in writing by
the company.		Initials
AUTHORIZATION TO OBTAIN INFORMATION		
		law enforcement agency, state, local, or federal agency, credit bureau, collection agency,
private business, military branch or the national personnel records	center, personal reference, and/or any other pers	ions to give records or information they may have concerning my criminal history, motor for termination), or any other info requested by the company deemed pertinent to my
• •		Initials
RELEASE		
I voluntarily waive all recourse, and release any company, individua agency) to obtain any information from any source whatsoever relat received which may have bearing on my application for employment	ting to my application for employment. I further rele	y request from the company or agents of the company (including any consumer reporting ase the company or any individual within the company regarding the use of any information
received which may have bearing of my application for employment	•	Initials
NOTIFICATION AND COMPLIANCE		
		ng my employment, if hired. If I become employed, in consideration of my employment, I
agree to comply with the rules, regulations, policies and procedures	or the company.	Initials
AGREEMENT FOR ARBITRATION		
	Itemative dispute resolution, which involves binding	arbitration to resolve all disputes which may arise out of the employment context. Because
	ficiency) that private binding arbitration can provide controversy (including, but not limited to, any claim s or regulations) that would otherwise require or allo ees, agents, and parties affiliated with its employed r other association with the company, whether bas rought before the National Labor Relations Board, to and determined exclusively by binding arbitration BY VOLUNTARILY AGREE TO REVIEW AND S	both the company and myself, I voluntarily agree to sign the Company's agreement which s of discrimination and harassment, whether they be based on Title VII of the Civil Rights we resort to any court or other governmental dispute resolution forum between myself and benefit and health plans) arising from, related to, or having any relationship or connection sed on tort, contract, statutory, or equitable law, or otherwise (with the sole exception of claims for medical and disability benefits under Workers' Compensation Act of my state, n under the Federal Arbitration Act, in conformity with the procedures required under any SIGN THE COMPANY'S BINDING ARBITRATION AGREEMENT AND UNDERSTAND
		Initials
AGREEMENT FOR AT-WILL EMPLOYMENT		
I understand and agree that nothing contained in this application, between me and the company. In addition, I understand and agree may, regardless of the date of payment of my wages or salary, be and agree that no promises or representations contrary to the fore	or conveyed during any interview which may be g that if you employ me, in consideration of my employment terminated at any time, for any reason or for no regoing are binding on the company unless made in vector contrary. I understand and agree that this is the expectation of the contrary.	ranted, or during my employment if hired, is intended to create an employment contract ployment, my employment will be at-will, for no definite or determinable period of time, and eason at all, with or without prior notice, at the option of the company or me. I understand writing and signed by me and an authorized officer of the company. I promise that I have entire agreement between me and the company regarding the term of my employment and
		Initials
I accept all provisions above and certify that all of th	e information provided on this application	n is true and accurate.
Signature	Print Name	Date
		are seeking, and the information in your application suggests you meet

Thank you for completing this application. If there is a current opening for the position(s) you are seeking, and the information in your application suggests you meet minimum qualifications and are among the best qualified candidates for that position, you may be contacted for an interview. If you are interviewed, you will be informed of a final decision once the entire interview process is completed, which includes a complete background check and pre-employment drug test. If there is no opening for the position(s) you are seeking, your application will be kept active for 30 days. If you wish to be considered for employment after that time, you must reapply. Thank you for your interest in Bear n' Brothers, Inc.

KURU CBD is an equal opportunity employer. It is the policy of this company to consider all applications on the basis of merit without any regard to race, color, religion, sex, pregnancy, age, national origin, ancestry, marital status, veteran status, disability, medical condition, sexual orientation, or any other protected characteristic. Furthermore, we comply with the ADA and provide reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Please note that you may be subject to passing a medical examination as well as skill and agility tests.